FEDERAL DRUG STRATEGY—1981

HEARING

BEFORE THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL HOUSE OF REPRESENTATIVES

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HEARING ON FEDERAL DRUG STRATEGY

THURSDAY, NOVEMBER 19, 1981

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,
Washington, D.C.

The select committee met, pursuant to call, at 9:30 a.m., in room 2212, Rayburn House Office Building, Hon. Leo C. Zeferetti (chairman of the select committee) presiding.

Present: Representatives Leo C. Zeferetti, Charles B. Rangel, Daniel K. Akaka, Tom Railsback, Benjamin A. Gilman, Lawrence Coughlin, and E. Clay Shaw, Jr.

Staff present: Patrick L. Carpentier, chief counsel; Roscoe B. Starek III, minority counsel; George R. Gilbert, associate staff counsel; Brenda L. Yager, assistant minority counsel; Ricardo R. Laremont, professional staff member; Elliott A. Brown, professional staff member; John R. Thorne, investigator; James J. Heavey, press officer; Nona W. Cofield, administrative assistant, and Sharon Wright, minority staff assistant.

Mr. ZEFERETTI. Good morning, ladies and gentlemen. Today the Select Committee on Narcotics Abuse and Control will examine the administration's efforts to formulate a comprehensive, coordinated, long-term Federal drug strategy as required by law. Unfortunately, on the basis of their performance to date, I regret to say that this administration apparently does not place a high priority on the serious problems of drug abuse and drug trafficking confronting our Nation.

Under existing law, the President is required to designate a single officer or employee of the United States to direct the development and coordinate the implementation of Federal drug abuse policies and programs. The President is also required to establish a strategy council, consisting of cabinet level officials and non-Federal representatives to develop the Federal drug strategy. After 10 months in office the President has not officially designated an officer to serve as his drug representative and he has not appointed a strategy council.

The administration has announced a number of initiatives that are being undertaken to fight drug trafficking and other drug-related crime. However, since proclaiming crime to be one of the administration's top priorities, the President has asked Congress to make substantial cuts in the budgets of our law enforcement agencies, cuts that would severely undermine, if not cripple, drug law enforcement efforts.

The select committee has been mandated by the House to make recommendations for a comprehensive program to control the

worldwide problem of drug abuse. No strategy can succeed without the concerted efforts of Congress and the executive branch. On numerous occasions we have written to the President and other White House officials to express our concerns and to offer our cooperation. We have requested the opportunity to meet informally to discuss how we can work together to develop an effective drug strategy. After nearly 10 months, we have yet to receive a substantive reply.

A number of basic questions concerning the administration's drug policy remain unanswered. In view of our mandate to develop a global drug strategy, I called for this hearing and wrote to the President requesting him to send his representative to delineate the administration's strategy for drug abuse control. Dr. Carlton Turner, the President's senior drug policy adviser, was designated to appear before the committee. We welcome Dr. Turner and look to him for the answers to our questions.

Some of the issues we will be exploring with Dr. Turner today are:

Who is in charge of overall drug policy formulation and coordination within the administration?

When will the President appoint a strategy council?

How will the new interagency task force on drug law enforcement, established by the President, be organized and what duties and responsibilities will it have?

Is the administration currently preparing a drug strategy and, if so, what are the major priorities of that strategy?

How can the effectiveness of our drug law enforcement agencies be maintained in the face of severe budget cuts?

What role does the senior drug policy adviser play in OMB's review of drug budget issues?

Specifically, what legislation is the administration supporting in the area of drug abuse and control?

What defense resources will the administration make available to implement the posse comitatus revisions when they become law?

What plans does the administration have to expand international narcotics control programs through use of AID funds and expertise and other means?

And last but not least, what plans are being developed to carry out the President's pledge to involve the private sector in a major, national antidrug campaign?

I also wrote to Health and Human Services Secretary Schweiker and invited him to discuss the administration's plans for drug abuse treatment, rehabilitation, prevention, education, and research. He has designated Dr. William E. Mayer, Administrator of the Alcohol, Drug Abuse and Mental Health Administration, to represent him this morning. I am pleased to welcome Dr. Mayer. Some of the issues we will ask him to address include:

How will the Federal Government maintain a continuing leadership role in reducing the demand for drugs now that primary responsibility for drug services has been shifted to the States through block grants?

How will HHS administer the new alcohol, drug abuse, and mental health block grant?

What steps is the Department taking to increase public awareness of new evidence concerning the harmfulness of marihuana?

We do not sit here as adversaries, but the time has come for this administration to respond to the serious issues raised by drug abuse and drug trafficking. I hope that this hearing will be the beginning of a productive dialog between the administration and the Congress. At some future date, hopefully before the end of this session, the committee plans to hear from Attorney General William French Smith in his capacity as Chairman of the new Interagency Task Force on Drug Law Enforcement created by the President.

Dr. Turner is accompanied this morning by drug policy adviser, Mr. Daniel Leonard. Dr. Mayer is accompanied by Dr. William Pollin, Director of the National Institute on Drug Abuse. Before hearing from our witnesses, who I invite to the witness table, I invite my colleagues on the committee to make any opening statements they may have.

Mr. Railsback?

Mr. RAILSBACK. Thank you, Mr. Chairman. I want to commend you for holding this hearing to examine the administration's drug policy and its direction and goals for the next few years.

While Congress can pass laws and make recommendations, it is important for the administration, which has the responsibility for insuring that the agencies enforce the laws, to develop a uniform and cohesive policy. In that regard, I want to recount the problems, without going into any great detail, that we have had for several years now in the previous administrations. I know that the chairman is likely to agree with me that we were concerned that there has been a lack of direction. The previous administration dismantled, for all practical purposes, the White House Office of Drug Abuse Policy. I remember that the "strategy council" which was in existence during the Carter administration, actually met, I think, a very few times, causing two of its appointees to be very critical of the strategy council.

But, as the chairman has said, we are not here to be critical. We want to be cooperative. We want to be supportive. I personally think that President Reagan has made some very wise appointments to his drug policy advisers positions, and I look forward to working with them in a mutually beneficial way.

I am optimistic that the administration does intend to meet and work with this committee as well as the ad hoc caucus formed in the other body. I remember very well the strong stance taken by the Reagan administration relating to the control of crime, and, of course a major element of crime control is drug law enforcement. I think that drug trafficking often incorporates often serious crimes ranging from murder and theft all the way to the violation of the tax laws.

I imagine, Mr. Chairman, that our committee will be very interested in the proposed expanded role of the FBI in drug enforcement activities. I am personally openminded about that, and I look forward to reviewing it.

I want to welcome our witnesses and thank them for being here this morning.

Mr. ZEFERETTI. Thank you. Mr. Rangel?

Mr. RANGEL. Thank you, Mr. Chairman. I just want to emphasize the statement made by my colleague, Mr. Railsback. I've served on this committee from its inception and I've never served with a more nonpartisan type of committee. We all have a deep-seated concern. We all don't agree on every issue but certainly we are aware that drugs and heroin are destroying a substantial part of the population. Narcotics addicts are responsible for innumerable crimes and the social costs of controlling this social disease can't be measured in dollars and cents.

We have reason to believe that even our military could be in jeopardy as a result of this epidemic. I think it's abundantly clear that the ravages of narcotics certainly do not identify people by their color.

Now, what is the problem? I have a problem with my chairman, his restraint, his trying to work out an understanding has allowed me to restrain myself in such a way that I can't return home to my constituents and say what I am doing about the problem, and when I say "I" I'm talking about our Government.

In addition to that, the President of the United States has a very real media presence. There's hardly anyone in my community that doesn't believe that President Reagan is one of the most vigorous opponents of illegal narcotics in the United States, and he's received standup cheers by the National Association of Law Enforcement Officers for the promises of support that he's made. The President's wife has been in my district visiting narcotic rehabilitation centers.

David Rockefeller, who doesn't visit with me very often, came down to say that he was visiting the White House, that he supported the President, and that he wanted to assure me and the delegation of the concern that the administration has about narcotics. Then I go home. My police chief doesn't see this cooperation. My district attorneys don't see the cooperation. Indeed, we have people that are being arrested that are not being indicted. We have people that are indicted that are not going to trial. We have policemen that are not going to arrest anyone because they know there's no space in the jail and we lost out on the prison rehabilitation bond issue.

So all I am saying is that there is a wide gap between what the administration has said it's going to do and what is actually being done.

Now, it's going to take more than an accountant to convince me how we can do more with less in this area. I've taken a look at the budget and it's abundantly clear to me that in every area from rehabilitation to law enforcement, there are fewer dollars. In the city and State of New York they're saying that they can't go any further and I assume—well, I know—that in Newark and in the District of Columbia and in Baltimore and in all of the centers that were promised assistance, that they don't believe anything is coming.

I do hope that as a result of this meeting we can leave knowing in dollars and cents, in policy, where we can go. We want to go home and say that the problem is not resolved but we have every reason to believe that the administration is moving toward that goal.

Thank you, Mr. Chairman.

Mr. ZEFERETTI. Thank you, Mr. Rangel. Mr. Shaw?

Mr. SHAW. Mr. Chairman, I have had the pleasure of meeting with Dr. Turner and Mr. Leonard at the White House along with Mr. Meese and a couple officials from the Justice Department. We discussed some of the problems and frustrations of drug law enforcement for the better part of an hour. We are experiencing, I think, some good communication. However, I think that we are not receiving the backup that is necessary. I think one thing is abundantly clear here—anything less than a full commitment by the Federal Government is not going to solve the problem. I think that it is absolutely ludicrous to say that you can't solve the drug problem. We can solve the drug problem, but it is going to take a full commitment from the Federal Government. It's going to take more participation by the Department of Defense. I went over this with Congressman Bennett and met with members from the Defense Department about this process. I can say to you that I was completely frustrated, that I feel that the Department was dragging its heels and really does not want to get into this mess even though they're the ones that are victimized as much as anybody else. When you have a Defense Department that's spending well up to $100 million a year in this area it is hard to believe that they are reluctant to get involved in interdiction and stopping the drugs coming into this country.

Anything less than a full commitment is a retreat, and that is exactly what we've had for years and years in this country. We had it with the previous administration. We have had some good, good strong statements, by this administration. But I think the whole country is still looking for some positive action, some movement, that we frankly have not seen.

I hope that perhaps you gentlemen will have a message for us today that will make me withdraw this statement. I do know that with a full Federal commitment that this is a problem we can solve.

Thank you.

Mr. ZEFERETTI. Thank you, Mr. Shaw. Mr. Coughlin?

Mr. COUGHLIN. Thank you very much, Mr. Chairman. I am delighted that you have called these hearings because I am concerned that we have a firm direction from the administration, that we put our money where our mouth is and have a strong drug enforcement program. I am concerned about the DEA task forces, however, and I am still worried about those very important task forces in our local communities. I look forward to hearing the testimony.

Thank you.

Mr. ZEFERETTI. Thank you.

Dr. Turner, would you like to start off, please. We have your complete statement and it will be made part of the record. You can proceed in any manner you feel comfortable.

[Dr. Turner's prepared statement appears on page 33.]

Mr. ZEFERETTI. I'd like to say good morning to all four of you.

Dr. TURNER. Good morning to you, Mr. Chairman.

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TESTIMONY OF DR. CARLTON E. TURNER, SENIOR DRUG POLICY ADVISER, OFFICE OF POLICY DEVELOPMENT, THE WHITE HOUSE

Dr. TURNER. Mr. Chairman, distinguished members of the committee, it's a pleasure to appear before you today. The assistance and guidance that this committee has provided in the past is appreciated and I look forward to continuing that relationship.

Mr. Chairman, I am certainly not here to propose a quick fix. Just as serious diseases sometimes develop slowly and fester over many years, the drug problem in America has not happened overnight. It has been growing in spite of the effort of recent administrations and the yeoman efforts of many congressional committees.

I believe that one reason for the growth is that we have tended to view the drug problem too narrowly. What we need is a broader and more balanced perspective so that our prevention and control efforts can take full advantage of the vast Federal, State, local, business, and volunteer resources that can be brought to bear. This administration intends to mobilize four major components of society to capitalize on the existing mechanisms and resources that Americans have traditionally used to solve national problems.

These are the Federal Government, State, and local governments, the business community, and the forces of voluntarism.

Our objectives for these four are to integrate and make use of all Federal resources in the effort to prevent and control drug abuse, to provide national goals and information to assist State and local governments in making informed decisions about mobilizing their resources to address drug abuse prevention and control at the local level, to encourage the use of resources of the business community.

Mr. RAILSBACK. Excuse me. May I ask where you're reading so we can follow?

Mr. ZEFERETTI. He's on page 8.

Dr. TURNER. I'm trying to condense it, Congressman. I'm on page 8.

Mr. RAILSBACK. I just couldn't find you.

Mr. TURNER. OK.

Let me start over. On page 8. Second asterisk.

Mr. RAILSBACK. No; you don't have to do that.

Dr. TURNER. To provide national goals and information to assist State and local governments in making informed decisions about mobilizing their resources to address drug abuse, prevention, and control at the local level. To encourage the use of the resources of the business community to convey the drug prevention and control message, and to encourage businesses to make their efforts consistent with our goals and with the voluntary efforts of our citizens. To capitalize on the tremendous potential of voluntary citizen efforts to prevent and control drug abuse.

Page 9. By broadening the availability of existing Federal resources which previously have not been focused on drug problems, we will be able to capitalize on existing resources and will integrate drug issues into the function of many Federal agencies. To assist State and local governments in making informed decisions about how they can best address drug problems in their localities the Federal Government will provide data and national goals. In

this way control should remain at the local level, the best place to address local problems.

The business community must make drug problems part of their concern. We will encourage the establishment of employment and rehabilitation programs that are useful both to business and to the victims of drug abuse. By using the financial resources of business to educate Americans about drug problems, we can reduce the demand for drugs and thereby improve productivity.

We expect drug manufacturers, colleges, universities, and the general health care establishment to play a major role in prevention activities. By capitalizing on the tremendous potential of voluntary citizen effort, of individual and organized groups, including the religious communities, we will tap the most important natural resource of this country, the citizens themselves.

The President indicated—on page 10—on March 6 that it was his belief that the answer to the drug problem comes through winning over the user to the point that we take the customers away from the drugs. The President emphasized that while we must not let up on enforcement, it is far more effective to take the customer away than it is if you try to take the drugs away from those who want to be customers.

By mobilizing existing resources of the Federal Government, State, and local government, the business community and the volunteer efforts of citizens, we will help to reduce the spread of drug abuse by diminishing demand for, and reducing the supply of drugs, reducing the drain on productivity caused by drugs and drug trafficking, improve the mental and physical health of our communities, support the role of the family as a primary socializing mechanism of society, bolster the moral character of the individuals, the community, and the Nation.

Our drug effort will encompass five major areas, research, detoxification and treatment, prevention and education, international cooperation, drug law enforcement.

Now, Mr. Chairman, I'd like to go over the key points covered under each one of these.

In the area of research, we support the smooth transition of basic research findings for use by clinicians and the public. Of the highest priority for drug research should be the development of agonists and antagonists. We will encourage private enterprises, pharmaceutical firms, colleges, universities, et cetera, to undertake more drug research programs. We will encourage the expeditious processing of new drug applications for the purpose of treating victims of drug abuse. We will encourage longitudinal and epidemiological research when drug issues are involved.

In the area of detoxification and treatment, this is an area where we consider the appropriate Federal role is that of providing information and guidance to help States in designing treatment responses to the drug problems of their local communities.

We will encourage States to continue detoxification and treatment programs that will reduce the length of time a person spends in treatment. We will encourage the business community to work with State agencies and private programs to undertake employment and rehabilitation programs to aid those who succumb to drug abuse.

We will encourage the integration of drug abuse services into the general health care system.

In the area of prevention and education, we plan a comprehensive, long-term drug abuse prevention and education campaign that targets its message to young people. We will unequivocally state the clear and present dangers of drug abuse and alcoholism to young people. We will enlist participation of all Federal and State agencies who have responsibility for drug issues. We will solicit the active involvement of the business community for drug prevention and education. We will call upon the organized and individual volunteer efforts of citizens to carry the antidrug message to their community. We will encourage the expansion of the parent group concept and will support the family as a primary socializing mechanism of society.

In the international area, we support the development and implementation of a long-range, organized, effort to eliminate drugs at their source and to interdict drugs in transit. We support the repeal of the Percy amendment to allow foreign assistance money to be used in eradication programs. We support the Gilman amendment that stipulates drug considerations must be included in AID development programs. We support the integration of drug issues into international agreements, where appropriate.

To buttress this international approach, we support the eradication of domestically produced marihuana. We support this country's involvement in the program planning activities of agencies such as the United Nations Fund for Drug Abuse Control.

In the area of law enforcement, we support the initiatives presented to the Senate Judiciary Subcommittee on October 23 by the Attorney General and those included in the President's speech in New Orleans on September 28. We support the exception to posse comitatus which allows for the sharing of intelligence and use of military equipment to stop the flow of illegal drugs into our country. We propose to evaluate ways to make use of the appropriate National Guard organizations in an appropriate manner. We support legislation to broaden and expedite criminal forfeiture of money and property obtained in smuggling and trafficking activities.

We support tax law reforms to strengthen the ability of the agencies responsible for financial matters to participate in the drug enforcement effort. We support criminal forfeiture as an available sanction to all drug trafficking cases. We support changes in the exclusionary rule to allow for expeditious prosecution of drug traffickers. We support an increase in the penalties for drug traffickers and mandatory sentences for drug traffickers, regardless of the drug.

Mr. Chairman, I am now going to page 21.

These initiatives are by no means comprehensive. They represent initial steps by this administration to effectively limit the supply of and demand for drugs in the United States. I welcome your advice and suggestions. I encourage them.

In conclusion, we must make every effort to prevent the spread of drug abuse among our people, especially among young people, for they are the future of our country. As a very great American has said:

A child is a person who is going to carry on what you have started. He is going to sit where you are sitting and when you are gone, he's going to attend to those things you think are important. You may adopt all the policies you please but how they are carried out depends on him. He will assume control of your cities, states, and nations. He is going to move in and take over your churches, schools, universities and corporations. The fate of humanity is in his hands.

The author of that comment was Abraham Lincoln. What he said is as true today as it was then, perhaps with more urgency. I know that you will agree with me, Mr. Chairman, that we must make the fight against drug abuse of the highest priority in order to preserve the vitality of people and insure our Nation's future.

I would like to leave you with a remark by William Faulkner when he accepted the Nobel Prize for literature. At that time there was widespread concern about the survival of mankind. Faulkner said, "I decline to accept the end of mankind. I believe that man will not merely endure; he will prevail." Just as Faulkner would not give up on mankind, I refuse to give up on the possibility that we will have a society free of drug abuse. I believe that with proper guidance from people such as yourself, young people and all Americans will prevail in reducing drug use.

Thank you for giving me this opportunity.

Mr. ZEFERETTI. Dr. Turner, before I go to Dr. Mayer's testimony, did you get a copy of my opening remarks that I made?

Dr. TURNER. Yes, sir, I saw one just a minute ago.

Mr. ZEFERETTI. I'd like to give you an opportunity to read it because there are some questions that I posed that I think are essential. No. 2, to be quite frank with you, the philosophical kind of remarks that you made are all well intentioned and we all accept them and I also believe in motherhood and apple pie, but you're not answering the essential questions that I think really have to be answered by the administration.

You haven't talked at all about the needs of the various agencies that you yourself say have to be utilized to make things go. You talk about legislation, sir, but you haven't talked about the dollars it's going to cost to implement that legislation. You haven't talked about the resources needed by the agencies for treatment and prevention, for law enforcement, for reaching that neighborhood parents group that so desperately needs some advice and help. You talk, sir, about volunteerism and philosophically about getting rid of drugs, but you're not getting to the grassroots of the problems. I would hope, Dr. Turner—because you've been in this a long time and you've worked very hard and you've got an excellent record in fighting drugs and as one who is concerned—I would hope that you would take a few minutes, sir, and look at some of the questions I posed in my opening remarks. If you can answer them, fine. If you can't answer them, I would suggest, sir, that you go back and you have somebody respond who can answer them. Because I think, again, we're talking about opening up a dialog and offering some assistance in trying to take care of a problem, a very basic problem that we all recognize on both sides of the aisle. This is not a political forum. This is a forum to find out how and when we can work cooperatively toward taking care of a problem that has really permeated our country from one end to the other and, more importantly too, is affecting the entire world.

Mr. RANGEL. Mr. Chairman, if you would yield, I think he did respond, not only verbally, but he's written it. They intend to encourage rehabilitation and job training at the local level and that they hope that they'll be able to work with the spiritual and the business leaders of America in order to overcome this. As a matter of fact, he cited the Commander in Chief. In communities such as mine, where we have 50- to 60-percent unemployment among black youth, we now have to persuade them, either spiritually or through a volunteer effort, that they don't need drugs.

The administration makes it abundantly clear that they're going to set national goals and provide information to assist State and local governments. So, this helps me. I'll take this information back to my district, to my police chief, to my mayor, to the rehabilitation centers, to the Archdiocese of New York, to NIDA, to the New York partnership headed by David Rockefeller, who has applications with Mr. Meese and Mr. Baker asking for assistance, and I will tell them that my chairman called a meeting and they should expect to receive the national goals and objectives or something.

So, they know what we wanted and I know what we got.

Mr. RAILSBACK. Mr. Chairman?

Mr. ZEFERETTI. Yes, sir?

Mr. RAILSBACK. Could I just make a suggestion? It appears that the statement is not directly responsive to the questions that you raised. I think they're good questions. Why don't we just ask the witnesses to answer the questions, and if they are not prepared to do it now then they can go back?

Mr. ZEFERETTI. That's why I'm offering him the time to take a few minutes and study them. We'll listen to Dr. Mayer and when we come back for the questioning I would hope that maybe he could answer some of them and, if not, maybe he could direct us to who can.

Mr. LEONARD. Can we see the questions, Mr. Zeferetti? I've never seen them.

Mr. ZEFERETTI. Oh, certainly.

Dr. Mayer, would you like to continue?

TESTIMONY OF WILLIAM MAYER, M.D., ADMINISTRATOR, ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION, PUBLIC HEALTH SERVICE, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dr. MAYER. Thank you, Mr. Chairman. Members of the committee, I am both pleased and honored to be here today and I welcome this opportunity to discuss the role of the Department of Health and Human Services in combating the problems of drug abuse facing this country. This Select Committee on Narcotics Abuse and Control has performed, in my judgment, an important function in alerting the Nation to the problem of drug abuse, to the need for an integrated approach to the prevention and treatment of this problem, and to the importance of coordinating Federal activities, which are multitudinous.

We appreciate your important contribution in this area and the Nation owes you a debt of gratitude.

The administration recognizes drug abuse as one of the Nation's major health and social problems. It is for this reason that there exists in the White House a special focal point for drug abuse matters headed by Dr. Turner, a man with whom we have nearly daily contact, and that's a departure from the past.

As you know, no other categorical health or social problem is represented at this level of Government. The Department of Health and Human Services also places a high priority on the matter of drug abuse, as can be seen in a number of ways. As many of you are aware, some time ago a question was asked of the Department regarding the feasibility of transferring the Alcohol, Drug Abuse, and Mental Health Institutes into the National Institutes of Health organization.

The Secretary has decided that because of the magnitude and the importance of these health problems and because of the very broad functions in connection with them on the part of the three ADAMHA institutes, that it is at least at this time preferable to maintain the Alcohol, Drug Abuse, and Mental Health Administration as presently constituted rather than transferring its functions to NIH with its almost exclusive emphasis on research.

Another indication of the Department's concern about drug abuse activities is the Assistant Secretary for Health's directive to NIDA, the National Institute on Drug Abuse, to develop an interdepartmental task force to coordinate the multiple departmental drug abuse activities. The general policy principles which shape this administration's and this department's approach to drug abuse and which will guide the workings of this departmental task force have been defined and summarized for us by Dr. Turner, and I won't repeat them at this point.

Drug abuse differs from most of the other problems that this Department deals with in several very significant respects. One is the rapidity in changes in drug abuse patterns in the last two decades. For example, there's been about a 3,000-percent increase in the use of marihuana by our young people in just 20 years.

Second, an illicit, highly profitable, very effective, criminal network exists worldwide as well as in this country, which is actively spreading and increasing drug-abuse problems. There is no other human disorder or danger to human health and life which is so vigorously marketed and so actively promoted.

The Federal strategy which was developed to deal with drug abuse, therefore, has two major components, supply reduction and demand reduction. Demand reduction, of course, refers to the efforts to decrease demand for the drugs by individuals and by groups. This Department primarily focuses on demand reduction.

A major responsibility of the Department of Health and Human Services is the health of our citizens. We, therefore, place a very high priority on drug problems because they are problems which have been shown to cause such a high level of damage to the physical, behavioral, and economic health of the Nation. We're especially concerned over the rapidity of the increase in drug use by our young people over the past two decades.

We are concerned because, despite 3 years of a consecutive downward trend, not a dramatic, precipitous fall, but a downward trend, very definitely, of some patterns of drug use by our high school

seniors throughout the country, our youngsters' drug use still appears to be the highest of any western country in the whole world.

We are concerned because the most recent estimates of the annual national cost of drug abuse, all things considered, are very high, by some estimates at or above $100 billion every year.

I want to emphasize that the Department's view of drug abuse, as a priority issue, is consistent with this administration's block-grant mechanism and our budget proposals. The drug components of the ADM block-grant program actually represent the culmination of what has been a steady, evolutionary process. Ever since 1973, the National Institute on Drug Abuse has participated with the States in the development of a nationwide drug-abuse treatment network. As Federal funds for community-based treatment services increasingly were channeled through the States under the statewide services grant mechanism, the States have assumed management responsibilities and the Federal role has become one of technical support, oversight, and program evaluation.

In 1980, for example, over 99 percent of NIDA's community assistance funds were given directly to the States, to the single State agencies, and subcontracted out by them to local treatment and prevention programs. Thus, the States now, under the block grants, have formal, official responsibility for many of the functions which they are already carrying out and have been for some years.

However, in addition, they have increased flexibility to target funds to specific areas, which was not formerly possible. They are able to move money back and forth among various block grants, and starting in fiscal 1983, between alcohol and drug abuse, depending on the need. And they are freed from multiple Federal requirements. Thus, each State is much better able to determine its own relative needs and to respond accordingly and appropriately.

Mr. Chairman, with regard to appropriation levels for drug abuse, we are mindful of the larger economic realities that face us today. The administration has proposed a national recovery plan to reverse the debilitating combination of sustained inflation and economic distress that continues to face the American economy, which if it worsens will do far more damage to drug abuse and alcohol treatment programs than the current reductions in the budget.

We need to balance overriding national priorities of economic recovery with the multiple health needs of our society, including those of drug abuse. We believe the administration's program succeeds in maintaining such a balance. Within the Department there are many programs that focus on the whole issue of drug abuse. The National Institute on Drug Abuse plays a key role in fulfilling the broad goals of the Federal Government's drug-abuse-demand-reduction strategy. Its aim is to bring about a reduction in the use, misuse, and abuse of drugs and then their health and social costs.

Toward that end, NIDA will continue to collect and analyze data on the nature and extent of drug abuse and monitor emerging trends in drug abuse. This is crucial for focusing attention where attention is most badly needed. NIDA will continue to sponsor and conduct basic and applied research toward the goal of better understanding, preventing, and treating drug abuse, including studies of drug and related brain-body phenomena, the etiology and epidemi-

ology of drug abuse, and prevention, treatment, and rehabilitation techniques.

NIDA will continue to disseminate public information and sponsor programs of active discouragement of drug misuse and abuse, following hard on the heels of a nationwide media campaign involving many, many voluntary community groups throughout the Nation, dealing first of all with the problems of alcohol as they involve our young people. Following within about 6 months, and with the support and help of a Member of the Congress, we will be launching a nationwide media campaign directly, explicitly, no holds barred, directed toward the use of pot and directed at the youngsters who have for so long been confused as to where the Government stands, where science stands, whether it's really dangerous or not. It's dangerous and our research is increasingly showing this and our national campaign will be designed to get out to marvelous groups like the Federation of Parents Groups for a Drug-Free Youth, which have emerged in the last 1½ years, because they're hungry for that material. These groups have organized within the local communities and they are beginning to be effective without any question. That's the direction that we wish to follow.

NIDA also will develop and evaluate new treatment and prevention methodologies, partly using the very fine narcotics research center in Baltimore and drawing on the experiences of the more effective drug programs throughout the country and the extramural researchers who continue to provide information for us.

NIDA also will have a hand in ADAMHA, as a collection of three institutes, in administering the alcohol, drug abuse, and mental health block grants.

We do not intend to administer those grants with a heavy hand. The idea of them is to give the States the options and the flexibility to do what they believe to be best.

We are convinced that the drug, alcohol, and mental health programs in this country have matured and developed to such an extent that they can hold their own in competition with other competitors for health moneys, that they can continue to stimulate private enterprise to participate in the undertakings because it's in the interest of private enterprise to do so and that they will fare well under this system.

Upon request, we will lend technical assistance to State or community agencies within our available resources. In addition to NIDA's programs, within the Department there are multiple additional activities that are relevant to drug abuse research, treatment, rehabilitation, and prevention, including altogether, eight other agencies within the Department of Health and Human Services. You can understand, I'm sure, why the Assistant Secretary for Health has directed NIDA to get the other eight agencies in HHS together with us to better coordinate, and more effectively carry out our mission.

In summary, Mr. Chairman and members of this committee, despite the apparent recent downward trend in many types of drug abuse among our high school seniors, drug abuse continues to be a major national health and social problem.

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The Department views this area as a high priority and will continue to maintain a high level of commitment to combating drug abuse. Certain functions will remain at the national level as they must—like the collection of nationwide data and the dissemination of that data and the cross-fertilization of successful programs from different parts of the country.

Certain functions will continue to be delegated to State and local governments through the block-grant program. It's true that there will be some reduction in Federal financial resources targeted to this area because of overriding national concerns. I believe that the administration's program succeeds in balancing these larger national priorities with the multiple health needs of our society, emphatically including those of drug abuse.

Thank you. I've tried to address what I perceive to be your questions, Mr. Zeferetti.

Mr. ZEFERETTI. Thank you, Dr. Mayer and thank you for your very comprehensive testimony. Your entire statement will be included in the record.

[Prepared statement of Dr. William Mayer appears on p. 39.]

Mr. ZEFERETTI. We have some questions that we would like to ask.

Mr. Leonard and Dr. Pollin, would you like to add anything to what was already said?

Dr. POLLIN. Not at this point, Mr. Chairman.

Mr. ZEFERETTI. Dr. Turner, we're just going to ask some questions and give you an opportunity to go ahead and read that statement.

It was my understanding, and if I'm incorrect, please tell me, but I was under the impression that my staff sent you yesterday the remarks that I was going to make and that those questions were part of the statement you have before you now.

Dr. TURNER. Mr. Chairman, this is my first appearance before your committee and I'm not exactly familiar with the protocol, and I will be happy to entertain these questions as you have them listed.

Mr. ZEFERETTI. Thank you. That would be very, very helpful. If you could start by going right up top.

Dr. TURNER. You want me to—Mr. Chairman, do you want me to answer the questions? Do you want me to read them?

Mr. ZEFERETTI. Again, it's a question of finding out just exactly—we talked a little bit about drug policy and the formulation of such, and we wanted to know just what was happening as far as coordination within the administration goes. Maybe you could answer that first. Who is in charge of the overall drug policy formulation?

Dr. TURNER. At the present time, Mr. Chairman, as a senior policy adviser in the White House for drug-abuse policy, I'm in charge of making certain that as we formulate our strategy in detail; that I get available information and resources from all agencies; I get available resources from the private sector in order that we may get the best possible advice, including advice from you and other committees to come up with a detailed strategy.

I have proposed today five areas as the broad areas upon which we think the strategy ought to be focused. Prevention of drug

abuse among young people between the ages of 12 and 17 is of the highest priority.

Mr. ZEFERETTI. What consideration is being given to the appointment of a strategy council at the present time?

Dr. TURNER. Mr. Chairman, according to the drug abuse prevention, treatment, and rehabilitation amendments of 1979, title II, paragraph 2: "the President shall establish a system." That system is being evaluated, and as that system is established, the President will, in accordance with paragraph 202, designate in the appropriate way, the drug representative. Part of the evaluation is a critical examination of the strategy council. I found that the last full meeting of the strategy council was in May 1977. So, we need to see if we can get a better organization. And I will be calling upon you, Mr. Chairman, to give us some good, strong advice in that area.

Mr. ZEFERETTI. Will this new interagency task force on drug law enforcement, which is supposed to be established by the President—anyway, how will it be organized and could you tell us a little bit about the duties and responsibilities that it will have?

Dr. TURNER. Mr. Chairman, the President said in New Orleans that he will be establishing such a body. I have seen no formal announcement on this. We are considering whether or not that might be put under an existing Cabinet council in the Cabinet council government, or to make it a Cabinet council on its own, or to establish a working group within a Cabinet council. Until such time as that decision is final, it will be extremely difficult to say what the duties and responsibilities will be. I can guess that it will be to look at all the issues by using the broad spectrum of Cabinet council government to bring the expertise in many areas, discuss that in detail with all parties and then formulate a policy through the existing Cabinet councils or some version of that.

Mr. ZEFERETTI. Will you be a member of that task force?

Dr. TURNER. I have been assured that I will have an active role in that, Mr. Chairman.

Mr. ZEFERETTI. Beyond that, you know that the various agencies, because of the severe budget cuts, have been pretty much reduced, and we are all very much interested in seeing how we can replace the losses that these various agencies have incurred.

What role will you play in that and what is your role with OMB in order to reinstate those losses and, in fact, maybe provide those very agencies with some increases that are so necessary?

Dr. TURNER. Mr. Chairman, to be honest with you, I haven't had the time to study all of the budgets in detail. I've been in consultation with the budget people and we certainly will take into consideration the needs of each area as we go through budget evaluations.

I would have to say that the budget cuts that have been proposed are budget cuts that should not prevent any agency from carrying out its functions as long as the agency changes its priorities and operates within those priorities.

Organizations that I have been with have undergone budget cuts as high as 15 percent and we came out with a group that was able to function. And I think that we can still function with proper marshaling of our resources and resetting of priorities.

Mr. ZEFERETTI. Well, can I tell you, sir, that in just one area alone, and that's DEA, it got to a point that because of lack of resources, we couldn't put cars out on the street, we didn't have enough gasoline for those cars, we didn't have the kind of dollars necessary to bring witnesses in on certain cases in order to convict the drug traffickers. There's been a complete loss of morale because, again, those very agencies that had the responsibility and maintained the frontline of defense didn't have the tools to do their job. And whether it's a 6-percent cut or whether it's a 12-percent cut, the numbers really don't matter, it's the fact that the agency itself has not been given the priority in order to do its job.

You don't need to be a master mathematical genius to figure out that if you've got a reduction in resources and a cutback in personnel, you can't actually function. We had the Acting Administrator of DEA speak before us the other day in an informal briefing, and some of the things he talked about were a little bit shocking. He's been in law enforcement for many years and he found himself a little bit frustrated in the sense that he could shift personnel all he wants, but in those very areas where you have concerns, you need beefing up beyond just shifting bodies. You need the resources to make it happen.

My colleague, Mr. Shaw, comes from the State of Florida, and if you look at the number of DEA agents and the material they have down there to take care of that overall problem, I can tell you that there's a great need. And again, you don't need a crystal ball. All you have to do is look at the agency and look at how they are functioning.

And you know, this talk about, "Well, we're going to get 'posse comitatus' and the military will be able to augment civilian law enforcement," that's all well and good down the road. But there are things that are developing and that are happening right now, and at best posse comitatus might give us some assistance but we can't afford to negate the needs of that one agency that, again, has the primary responsibility.

If you go down the list and if you look at DEA and you look at Customs and you look at Treasury and you look at Coast Guard, you're talking about areas there that hopefully somebody—and that's why I'm asking you, sir, if you will have that kind of clout, if I could use that word, to go in and say, "Hey, these are agencies that need priority and priority is the only way to address this problem," because these, again, are the agencies that have the frontline responsibility. That's what I'm asking you to do. And if you need help on legislation we are here to give you that help. You talked about forfeiture, you talked about the kind of legislation that you think can help.

We're thinking that way too because we want to supply those agencies with the tools they need. But we still need that one ingredient, and that one ingredient is awareness that there's a problem that needs priority and the reaction to that problem. And that's what I am asking.

Mr. SHAW. Would the gentleman yield on that?

Mr. ZEFERETTI. Surely.

Mr. SHAW. I would like to echo those sentiments. We have heard a lot about the "trickle down theory." That seems to be a great

phrase these days, but I would like to take exception to the statement that has been made. You are hearing this from a Congressman who has supported the President's budget, and I continue to support it. I think one of the most foolish decisions made in this budget was to cut back in the area of law enforcement or cut back in the area of drug prevention. This brings about so many other expenses to the Federal Government that it is a good investment—it's an investment in the youth of this country. I think it's a disastrous decision.

And I would like to also echo these sentiments with regard to the effect of the cutbacks within the DEA budget. I can point to actual automobiles right now that are parked in the basement of the Federal building in Fort Lauderdale, Fla., that are going to remain there because there is no gasoline to put into them.

I can also talk about a case which involves sending a DEA agent from, I believe, New York to identify a prisoner for extradition. They did not have the funds, allegedly, to send this man down, and therefore, the court in Fort Lauderdale was forced to let this man take a walk.

We have an overloaded judicial system in Florida. It takes a civil case 5 years to get to trial, and the reason is because the courts are overloaded on the criminal side. Because of this overloading factor, the U.S. attorney is not taking cases that he should be prosecuting. There is a lack of jail space. This must be a Federal commitment and we have seen no movement toward this. We've heard good conversation; we've talked about new theories and "posse comitatus"—words that we can all rally around. But we have not seen a forward movement and these budget cuts are killing us in this particular area.

Dr. TURNER. Mr. Chairman, Congressman Shaw——

Mr. SHAW. I guess there is a question there somewhere.

Dr. TURNER. There's a question. There's several questions, sir. First of all, let me say that I still support the reduction the President has announced, and I think that if an agency head so chooses to cut at the very bone, then that agency head must be responsible for those cuts because——

Mr. ZEFERETTI. May I interrupt you, sir?

Dr. TURNER. Yes.

Mr. ZEFERETTI. If you've got a budget that's put together, voted on, and passed by a Congress, it is not the budget of the agency head. The budget request that is submitted to Congress may be for $12 million more. It's we, in Congress, that have the legislative responsibility through the appropriations process to make up that budget. And if we cut it on this end by virtue of recommendations by the administration, then it's not that administrator. He's just taxed with the responsibility of taking that lump of dollars and making it work for him. If it means a reduction in manpower, he's just going to let personnel go.

Whether the administrator wants less or more, he has very little to say. He may recommend to his superiors or to OMB x amount of dollars to fulfill what he thinks is an obligation. Whether or not he gets it, sir, is something that is made above his level, I think.

Dr. TURNER. I spoke, Mr. Chairman, about the DEA agent from New York that Mr. Shaw mentioned. Mr. Mullen told me that was

a foulup on the administrative level that should have never happened.

But there were a couple of other points that I wanted to address there. I spoke with the U.S. attorney from south Florida Monday night. We had a long discussion about that. I subsequently spoke with the Department of Justice and they have six new positions in their budget for south Florida for assistant U.S. attorneys. They have assigned two attorneys there to handle narcotics cases and they have one attorney on special assignment with the DEA now.

Other things in south Florida: The Coast Guard has a much larger role there. Last year, U.S. Customs spent $7 million in south Florida. Customs now has allocated $17 million. Last year, Customs had 17 aircraft in south Florida. They now have 38 aircraft. The Drug Enforcement Administration went from three aircraft last year to seven aircraft this year.

I think that we are doing what we can for the short term. I think the solution of the problem is long term. I welcome the opportunity to sit down and see if we can come to grips with some of these problems because they are very serious problems. I agree with you, Mr. Chairman.

Mr. RANGEL. Would the chairman yield?

Mr. ZEFERETTI. Just let me finish one train of thought.

Every piece of legislation that the President has advanced, and especially talking about posse comitatus, involves dollars. You cannot administer a program through the Defense Department like posse comitatus without some significant recommendation of dollars being made.

If we're talking about surveillance intelligence equipment, it's a question of supplying the agencies with equipment that has to be purchased, that has to be shared. And whether it's in somebody's warehouse or whether you have to go out and buy it, there are always dollars involved.

You cannot advance that kind of legislation unless at the same time, when you're looking at an 1982 and 1983 budget, there is a slot someplace that says: "We're going to spend *x* amount of dollars for that particular activity or program." It can't work any other way.

And I do not see anyone from your level coming back to us and saying: "We recognize that. We understand that legislation creates a dollar connotation. We're looking at it and this is what we're going to request in the budget." We don't see any of that. We recognize that these agencies have frontline responsibility, but I haven't seen anything of that kind in the budget. All that we're looking at is an agency that's barely functioning. Let me say another thing. In Mr. Shaw's district, they have a tremendous problem, and when two more U.S. attorneys are sent down there or when five more DEA officers are sent down there, they're stripping them from someplace else that may be just as much in need as Florida. What I'm saying is that a strategy has to be formulated. I go back to the strategy. We have not had the opportunity to sit down with the administration and discuss our concerns in a way that could help establish the priority needed for those very agencies along with the kind of legislation that hopefully we can pass in the Congress to have an impact on this overall problem. A strategy

has not been formulated, a dialog has not been opened, and nowhere have we seen anything from the administration that says: "These are the dollars that are needed," or, "This is the way we plan to deal with the problem." All I'm saying to you, Dr. Turner, is that there has to be that kind of activity; otherwise, we're not going anywhere, really.

Mr. RANGEL. Mr. Chairman?

Mr. ZEFERETTI. Yes.

Mr. RANGEL. You know, you've hit the bottom line and for 10 months you and the committee have been trying to find some middle ground where a cooperative effort could be reached between the administration and this committee to try to work toward a common goal.

Now, throughout your testimony everyone felt, both Dr. Mayer and Dr. Turner, that you had to overemphasize that you support the cuts in the budget. Well, you wouldn't be here unless you supported the cuts. The real question is: Do you have anything to do with the cuts? No one came to you and asked about the cuts as it relates to your responsibility.

And what the chairman is reaching out for is, notwithstanding the fact that you've had no input in the past, it appears as though you are now locked into place and that any future cuts will not be the result of negotiations between what we will attempt to legislate or recommend and what you will be requesting, because I don't believe either one of you had anything to do with the formulation of the budget. OMB, made that decision. Mr. Chairman, in all honesty, I don't see their willingness to sit with us. For what purpose? To tell us how local and State officials can do more with less?

I mean, unless that door is at least left open—and in my opinion, they have sealed it—you can't have a meaningful discussion unless both parts of Government try to find out whether the costs and budgets are realistic.

Now, Mr. Shaw has said it. If you find out how much it costs to ignore a drug addict, it's a very, very expensive proposition. But I think it costs a lot less money if we put it into trying to prevent the addiction and stopping the flow.

Mr. Chairman, I hope you would press your inquiry because it means a whole lot to this member of the committee. Where does this committee go? Where does the House go? Is there an avenue for budgetary consideration as relates to controlling drug addiction and the flow? And if there isn't, let them say that whatever happens with the budget is an OMB question and not an agency or departmental question.

Mr. ZEFERETTI. Mr. Railsback?

Mr. RAILSBACK. Thank you, Mr. Chairman.

I guess I worry that after having been through this for three administrations, that we always seem to find ourselves in a position similar to where we are right now. Since the inception of this committee, we have been meeting with executive branch people and we've always been, in a benign way, chastising them for not getting their act together.

In fairness, I have to wonder if we've gotten our act together. In other words, we are the ones who legislate and I wonder if we are as concerned as we indicate we are about the external influence of

OMB. It is no different now than it was under the Carter or the Ford administration.

I guess our frustration is that we can meet with all of you who are obviously dedicated Federal officials trying to do your very best within limited resources. Yet, we get the feeling that there is a more general policy, worried more about economics, which our administration is very much worried about, and cutting spending. Maybe it is not within your province, or even responsibility, to try to do something about pinpointing those areas where we need more funding to combat drug abuse. It is a serious problem.

Now, Dr. Turner, I am aware of your general background, which is excellent. In other words, you, more than any of us, except maybe Charlie Rangel, have had more experience dealing with drug abuse, and I know that you are dedicated. I guess the message we are trying to convey is that we are frustrated. We worry that somebody else may be rather arbitrarily limiting the resources that you really need. That's what we're saying.

I would suggest to my colleagues that I think it is important that we convey to the general policymakers, our very real concerns about funding and cuts in funding. And yet, at the same time, I read your statement and I listened to you present part of it and I happen to agree with the thrust. I have reached a point where I think if we don't enlist and make a better effort in enlisting the private sector in voluntary support, we are not going to get anywhere.

I know that Congressman Rangel has a different problem, but I think the drug problem is much too big for the Federal Government except in the area of law enforcement and in research on drug abuse. I am concerned about the law enforcement, which is, in my opinion, a proper Federal responsibility acting in concert with the State and local people.

I guess my question to you is, can Mr. Zeferetti and Mr. Rangel and the other members of the committee—meet with the general policymakers to indicate our deep concern. I know some of us have already requested a meeting, which, I think, is in the offing. But do you understand what I'm saying and why I think it's important that if you are unable to disagree with the funding cuts, then let us have a chance with the general policymakers to indicate that we—even those of us who have supported the President—think there is a difference between programs that may be wasteful and may not be cost efficient and productive, and law enforcement, which can result in tremendous problems if we do not address it.

I would just like to hear what you say about that. Can we have a meeting?

Dr. TURNER. Congressman Railsback, we will work toward that meeting and I look forward to having that meeting. But there's one point—I would just like to bring you up to date on some very interesting things that I think will help us to reduce the budget in certain areas without adversely affecting it. And one of those is in the area—Dr. Pollin and Dr. Mayer may want to talk more about this—the area of treatment with the antagonists. We have drugs either available or on their way that will reduce the cost of treatment and take people out of treatment for the long term. The cost is prohibitive when you have to keep people in treatment. We want

to get them out. And I know that there is an NDA currently being filed—or it will be filed shortly—that will allow the opiate addict to come in three times a week instead of daily, which will mean there will be more resources available and it will be cheaper.

Mr. RAILSBACK. Yes.

Dr. TURNER. There is another product that is coming on the market or will have an NDA filed shortly. This is a direct antagonist. And this is where the research is beginning to pay off.

Now, I think if we can get our international programs to reduce the flow of drugs into the country, we can cut back in some of those other areas. I believe the "posse comitatus" will not mean an outlay of a large amount of money. I remember when we had a lot of money to devote to this problem. We still didn't seem to be able to lick the problem. Crime continued to rise, drug abuse continued to rise. So, maybe it's time that we stop and look at new approaches. If something particular works, dump the money in there through the budgetary system.

Mr. RAILSBACK. I applaud what you've said about the new happenings and the new events. Where I am skeptical and where I think all of us are skeptical, is that we think the problem is so big that you need to maintain funding levels and still go ahead with all of the new approaches that you're talking about. I'm aware of what you're saying, and like I say, I happen to agree that maybe the most important thing we can do to combat drugs is through an increased effort to secure voluntary cooperation from parents' groups and community organizations. That's most important. I agree with you about that, but I hear the administration is taking this very tough law enforcement stance. When we look at the budget there are a lot of cuts that we question.

I hope you do try to arrange a meeting. I think it's very important that we work with you. Just to put this in the proper perspective, don't feel like the Lone Ranger coming here, because Dr. Pollin has been in front of this group before. We raised as many questions with the Carter administration, and deservedly so. The strategy council that the chairman asked you about was a failure. They met about twice, and two of the members were openly, publicly critical of that strategy council. I don't know what you plan to do about the council; I'm not sure you should reappoint the strategy council if there's something better you can put in its stead.

Dr. TURNER. Congressman Railsback, in the area of coordination, which the strategy council was supposed to do to bring about a strategy, we have in very early stages an oversight group. These are the heads of the agencies with drug responsibility. They help define what we need to know from the private sector. Included are the Department of Justice, DEA, Customs, NIDA, and Coast Guard. When we found that we had problems in other areas, asked DOD to join this group. We have the State Department's International Narcotics Matters Bureau joining the group. We want this to be a flexible group. We want to work with the group to come up with selections of areas that should be our target areas, our priority areas.

I think that we all can play a role in the prevention area. We can reduce the continuation of drug abuse from one drug to another up the chain until the problem gets to the "terminal" area,

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requiring massive treatment dollars. We've said for many years that we can't measure treatment. We can't measure the effectiveness of treatment.

And I found a small town mayor, which, I think, put into perspective what we can do on the local level. It will not work in all areas of the country, but in certain areas it will work. This would involve the PTA, as we've talked about. We've talked with the PTA and they are going to help us. We've talked with people in the media and they're going to help us. But this gets down to Celeste, Tex., 713 people, where Mr. Solon Milton, the mayor, said—and I'm quoting from him:

> The Celeste Parent Awareness Group has helped us decrease drug use. They were a big help. We had a terrible problem until they became involved. They have been at least 90 percent effective in their efforts. They also educated our area, as a result, and that has helped considerably.

So, I think if we can get this going as a long-term goal effort, not a 2 to 3 week media blitz, but a long-term program, we can reduce the overall progression in the criminal area as well as in the treatment area.

Mr. RAILSBACK. I just have one last statement. I hope when you are requested to provide budget estimates, necessary to carry out your responsibilities, that all of you have the courage to level with the OMB people and object if you really believe that reductions will hurt. I think that you have a lot of support in Congress, from Democrats, Republicans, and in the other body as well.

Dr. TURNER. Congressman Railsback, I will not hesitate to make strong suggestions regarding budgetary matters when I think the cut is too deep.

I accepted this job with the understanding that I would have a commitment from the people. I would have access. And, since I came on the job on July 9, slightly more than 4 months ago, we've gotten drugs into the President's speech on crime. I've had access up and down the line, as Mr. Shaw can vouch for. I thought this was testimony critical enough to discuss with the President. We met with the President on Tuesday of this week and discussed this issue with him. I tell you, you have our attention. We know there is a problem and we intend to do what we can within the resources we have available to us.

Mr. Shaw has been to us with specific ideas and proposals and we're working on that. We're working on ways to implement "posse comitatus" that will be the least costly.

Mr. RAILSBACK. It's one thing to work with Mr. Shaw, which I applaud and congratulate you for, but I think it is significant that this committee, which is the committee of the Congress that has been assigned this responsibility, has requested a meeting and has not yet been afforded a meeting with the general policymakers.

Dr. TURNER. Congressman, I apologize for that. If a meeting with the whole committee was requested, it has not been brought to my attention. I have met with select members of this committee and I intend to work very closely with you. In fact, Chairman Zeferetti asked me to go to New York to meet with some people. Because of that request, Mr. Leonard and I will be going up on December 12 to talk with the people in New York. We will be talking with the people in all of the different regions because we think each region

may have a special problem. A particular strategy may have to be designed for that particular region instead of just one broad strategy for everybody.

Mr. RAILSBACK. I want to thank you for coming up.

I think I have used my time.

Mr. ZEFERETTI. I just want to comment on that one point in relation to the objective of creating a coalition of effort between church and other community representatives and business and industry. For many years this committee has been advocating that very same thing, and I'm really delighted that you are responding by meeting with that one business group that is very, very active and wants to cooperate in some way.

But, understand, if you will, that we, for the longest time, have not talked about assistance in just one area, whether it be law enforcement, prevention, intervention, or treatment. We think solutions to drug abuse problems require a combination of efforts in all these areas that have to be addressed at each level, because each activity is essential in its own right and each one needs to be supported.

But when we talk about dollars and the level of priority and the tools needed for all of those agencies to function properly, that's what our concern is. We want to share in the formulation of drug strategy so that we're involved at the front end, rather than coming in at a different level or from behind.

That's basically where we're coming from.

Dr. TURNER. Mr. Chairman, I give you my word, you will not come in from behind; you will be right there on the front end. We will now have to get down to the nitty gritty of getting specific items in a comprehensive strategy. That's the reason I did not come with any specific items. I think we must discuss those to see which are applicable and workable. Your input will definitely be there, I can assure you, sir.

Mr. ZEFERETTI. I would like to continue with some questions for Dr. Mayer, if we can.

Mr. Coughlin, I have neglected giving you the opportunity to question the witnesses so why don't you start, sir?

Mr. COUGHLIN. Let me just say that I agree with the expressions of other members of the committee that some areas of law enforcement, I think, have to be treated almost like defense in terms of being exempt from some of the budget cuts. I think they are that significant in terms of our society and consonant with the administration's own philosophy in terms of law enforcement. In the drug field, in particular, we have to look at DEA and look at the Coast Guard and the agencies that are working with drugs and in the drug enforcement area, and treat them as if they were as important as our national defense.

Second, on the supply side, let me congratulate you because you're saying what this committee has said for a long time—reduction of the demand for drugs through drug abuse education is probably the most important area to pursue. Could you be more specific about how you intend to implement those proposals?

Dr. TURNER. Mr. Congressman, we'll be initiating a program in February 1982. ACTION and other agencies will take part in a White House conference. We will invite members of private busi-

ness and organizations such as the PTA to take part. ACTION and the other agencies of the Government will followup the conference with prevention and educational programs within the regions. I take a lot of pride in this. I saw the need in Mississippi and we helped the people in Mississippi to organize on a State level. We will encourage that private citizens underwrite the cost of developing a statewide comprehensive drug abuse and alcohol education program within each State. Mississippi kicked off their campaign on the 30th of September. We will encourage private enterprise to get involved in this.

Another State, Texas, has also done this.

We also have just received a letter—I would like to share this with you, if I might—from the president of the American Medical Association Auxiliary, offering their services in a prevention program. She said:

> All community health needs for action by local organization. As an example, I enclose material which outlines a project to prevent drug abuse, implementation in community, nationwide as well as our national plan for action. We offer you our expertise for national planning committees, community manpower for positive action and on commitment to your goal for returning to the private sector investment in the welfare of the Nation.

We think that these programs are the way to go in that area. I am speaking broadly. If you would like to get into more specifics, I would be happy to do so.

Mr. GILMAN. Would the gentleman yield?

Mr. COUGHLIN. Let me yield to my colleague, Mr. Gilman.

Mr. GILMAN. I thank the gentleman for yielding. I have to run to another meeting and I did want to ask one question.

The substance of our hearing today is: Where is the national strategy? As you know, our committee has been given the responsibility of helping to develop a national strategy. For many months now, we've been urging and pleading with the administration to come forward with, at least, a planning council that would help develop the strategy. So far, we haven't seen that and we would hope that that would develop as quickly as possible. I think it has to be more than PTA and mental health councils; it has to be done right here at the top with the top enforcement people, the top policy people, the top Cabinet people who will move together to work out a comprehensive plan. Now, as long as this committee has been in existence, and I guess that's 4 or 5 or 6 years, we have yet to see a good, working national strategy. There was the Strategy Council in the last administration, whose hands were tied and did very little, if anything.

I would hope that the new administration is going to try to evolve that kind of a strategy that's so sorely needed—a comprehensive program, rather than a knee jerk reaction to the immediate crisis. And I think we would all welcome hearing that that's in the works.

Dr. TURNER. Congressman Gilman, that is in the works. As we discussed, there are several mechanisms in the existing Cabinet-level councils to integrate drug abuse. No decision has been made yet as to whether the drug issues will be covered under an existing Cabinet council or if a new Cabinet council will be created.

We are looking at the ways in which the task force the President announced in New Orleans that he will form, or he said, "I will be forming," will fit in. We are going to make decisions very shortly on the proper way to bring this strategy through. And if we think that the strategy council, as you mentioned, is no longer a productive organization, we will come back to you and to other members of this committee and the Congress to ask for the proper legislation to set up a better mechanism. We want to establish a long-term comprehensive program across the board, where resources and information will be shared in those critical areas.

Mr. GILMAN. Well, I hope that we will be seeing some results in that direction at an early date and we're all very much concerned about the financial cutbacks that are affecting materially the unfortunate people who are out there working on this problem.

Dr. TURNER. I appreciate your comments, Congressman Gilman.

Mr. COUGHLIN. Let me ask just one followup question on the drug abuse education end. This is going to require some funds, undoubtedly, to even administer a program of encouraging private and State drug abuse education efforts. Do you intend to ask for funds in that area?

Dr. TURNER. Congressman, there are many agencies of the Federal Government that can be brought to this effort. Previously, ACTION had not gotten involved. They think that they have funds available to underwrite a considerable amount of project costs. This would not strain the NIDA budget and budgets of other agencies. Referring back to the two States that I already mentioned, the total cost is being underwritten by industrialists within each State. ACTION is also funding a resource center to help small groups find each other and find the information they need about drugs.

And, of course, there is NIDA and the agencies within ADAMHA. We think we can do it with existing resources if we coordinate and integrate those resources. But if it's a hodgepodge, it will not work. I would be the first to admit that, Mr. Congressman.

Mr. COUGHLIN. Let me just finally ask you: How soon do you expect to be coming back with this program?

Dr. TURNER. Congressman, I have always found that when I fix a date for myself, I find that it's sometimes difficult to meet that date. Let me say within the next 3 months we will be back to you with our program plan. Of course, we will be discussing it with you in detail.

Mr. COUGHLIN. Thank you, Mr. Chairman.

Mr. ZEFERETTI. Thank you. Mr. Akaka?

Mr. AKAKA. Thank you very much, Mr. Chairman.

Dr. Turner, I'm glad that we have this opportunity to speak with you and to hear from you in your capacity as Senior Drug Policy Adviser in the Office of Policy Development of the White House,.

You commented in your testimony on the need to involve various components in the community in drug programs. I am particularly interested in a statement you made about the use of Federal resources, possibly Federal personnel and equipment, that are assigned in areas of our country. As I recall, there have been times when regions in our country with drug problems have been denied the use of Federal equipment—of military personnel and military equipment—to assist with interdiction and eradication. My ques-

tion is what is your policy at the present time? The idea that I got from listening to you was that this assistance will be made available to communities.

Dr. TURNER. The resources that we have will be made available. We can marshal some of those resources and move them to different areas when they're needed. We think we can do it. We think also in this area there is an exciting development: the State Drug Enforcement Alliances. Twenty-two States now have come together to share their intelligence and other information, and to share their equipment. One of their State agents can cross the border and work with the people in other States. They're working very closely with the FBI and very closely with the DEA in integrating their programs.

I think with this type of cooperation and integration, we can, with existing resources do much more than we have done in the past. I think what we need is a very clear and unequivocal voice coming out of the White House.

Mr. AKAKA. In particular, I want to mention the National Guard. In some cases, the State or the Governor has jurisdiction over the National Guard. There have been occasions though when where National Guard assistance was denied, and I understand the reason was because of a Pentagon ruling that the personnel and equipment could not be used for such activities. I'm hoping your statement means that National Guard personnel and equipment will be available.

And what I'm pointing to particularly is that in Hawaii we have what we call "Green Harvest." We've had excellent cooperation from the Coast Guard, from the National Guard in Hawaii, and also from the Customs people as well as the State and counties. I would say that our program out there has been successful, but the number of growers has increased so our problem has increased, too. But I'm hoping your policy will be made clear so that other places in our country may be able to use Government and defense resources.

Dr. TURNER. Congressman, I mentioned that operation in my formal text. "Green Harvest" is a model for other States to follow. I think this is something that the State government can do on its own. But, I would have to say that probably until the people in the State are educated as to the exact scope of their problem, these activities may be slow in coming. So we want to educate the people within the State to become aware and make their voices heard to encourage such cooperative activities as you have talked about in Hawaii.

Mr. AKAKA. Another question. One large problem area, especially for places like Hawaii, New York, and Florida, is the impact of incoming drugs from foreign countries. Drug smuggling from Southeast Asia has been a big problem for us, and my question is: What are your plans to expand international narcotics control through use of AID funds and expertise and through other means? Can you give me some information on that?

Dr. TURNER. Congressman, I will have to refer you to the State Department for the details. We want very much to include narcotic considerations in future AID developmental programs. We want also, where appropriate and when appropriate, to include narcotic

considerations in international agreements. This is an area where we think we can get more return on any dollar invested than perhaps any other area. It's much more feasible to destroy the crops illicitly produced at the site than it is to try to interdict.

Mr. RANGEL. Would the gentleman yield?

Mr. AKAKA. Certainly.

Mr. RANGEL. Are you aware, Dr. Turner, that there's testimony in front of the Foreign Affairs Committee that the $3 billion economic and military package to Pakistan did not include any negotiation as it relates to the curbing of opium in that country?

Dr. TURNER. Congressman, I was not here then. I came on board on July 9. I will try not to let that happen again. I will have a voice in the future. I think many times the countries that we give aid to sort of take a chagrined look as if to say, "What are they expecting from us in return?" We certainly want to insert the narcotic issue in as forceful and as meaningful a way as possible.

Mr. RANGEL. Well, Secretary Buckley was taking a position that Pakistan may refuse our aid and God forbid that that should happen.

Dr. TURNER. I agree with you.

Mr. AKAKA. Thank you very much, Mr. Chairman.

Mr. ZEFERETTI. Thank you.

Dr. Mayer, it is my understanding that the Secretary of HHS does not participate in the interagency task force that the President is establishing. Has any request been made to have the Secretary participate? Your agency, with the overall responsibility that it has in the drug area, should play a role in whatever strategy might come out of that interagency task force. Has the Secretary made a request to be a member of the task force or has a reason been given as to why he was not made a member of the task force?

Dr. MAYER. I can't answer your question because I don't know the answer, Mr. Zeferetti, but Dr. Pollin can, I believe.

Mr. ZEFERETTI. Yes, please.

Dr. POLLIN. It's my understanding, Mr. Zeferetti, that the task force you refer to is one which is specifically focused on enforcement issues. There currently exists, as Dr. Turner has indicated, an expanded larger group which encompasses both demand reduction and supply reduction in terms of the oversight group. And Dr. Turner indicated there is further consideration being given to an overriding group, perhaps at the Cabinet council or subcouncil level which will encompass both demand reduction and supply reduction. But I think Dr. Turner can spell that out in greater detail.

Dr. TURNER. Mr. Chairman, that's what I was referring to previously. The decision has not been made about exactly where that will fit. But under the Cabinet council system, any Cabinet member has the right to sit in on any Cabinet council. And I think that if we look at most of the Cabinet councils there are a few names that are mentioned as prominent members, but other Cabinet members sit in. This way we get the benefit of all Cabinet members.

Mr. ZEFERETTI. I have one other question for Dr. Mayer and then I will turn it over to one of the other members.

With the switch to block grants, we're concerned a little bit with NIDA's ability to gather data, how NIDA's capabilities will be af-

fected and how NIDA will share data if, in fact, NIDA will be able to share data with the States? Have you any insight as to the impact of the block grants on these functions?

Dr. MAYER. Again, I'll ask Dr. Pollin to explain in more detail. But of the four existing important data systems, three will continue as is. The fourth will rely on voluntary participation which has been promised by a number of States.

Dr. POLLIN. There are four major systems, Mr. Chairman. Three of them—the Drug Abuse Warning Network (DAWN), the National Household Survey, and the Nationwide High School Senior Survey—will continue with as much support as they have had in the past, and in some ways we hope will be improved systems, as Dr. Turner has indicated in the text of his full testimony.

The fourth is the Client Oriented Data Acquisition Process (CODAP) system, which in the past has been the system that has monitored the number of individuals in the federally supported treatment system. That will no longer be nationwide and mandatory. A majority of the States with the bulk of the national drug problem have indicated their own interest and wish to participate in a voluntary system which we will aggregate and coordinate for them. Should that voluntary system not provide that necessary component of the data, we are prepared to turn to a representative nationwide sample to obtain that kind of treatment information.

Mr. ZEFERETTI. But you will be actively functioning——

Dr. POLLIN. Very much actively functioning, and hopefully, aiming toward an improved system rather than a weakened one in terms of our ability to monitor nationwide and local trends.

Mr. ZEFERETTI. Mr. Railsback?

Mr. RAILSBACK. Thank you, Mr. Chairman.

I would like to ask either Dr. Mayer or Dr. Pollin a question that has to do with a concern of many parents, teachers, and clinicians. With regard to the consequences of chronic marihuana use, the phenomenon of "burn out" or amotivational behavior by the children has not really received, as far as I know, any meaningful research. What are your intentions about that?

Dr. POLLIN. Under current research practices, it has not been feasible nor would it be ethical to start a longitudinal study where, in some investigative mode, we administered large quantities of marihuana chronically to young people.

Initially, efforts were made to obtain an answer to that question by undertaking foreign studies of foreign populations where chronic heavy use of marihuana by young people was part of that culture. Those studies turned out to be flawed and not relevant to patterns of use in this country.

Accordingly, in recent years, we have begun to ask chronic heavy users who participate in the two national surveys that I spoke of to report their own self-perceived consequences. And the important findings during the past 2 years, and particularly during this past year, is that we have now very firm data which indicate that heavy users in the high school senior population, for example, daily users, themselves report to a very significant degree, that they perceive in themselves and in their heavy-using colleagues, the individual components which, taken together, add up to the amotivational syndrome or "burn out."

This is particularly impressive to us given the fact that it has been found in many other studies that, predictably, heavy users of marihuana tend, on the whole, to deny the existence of negative effects upon themselves. Nonetheless, in this most recent high school senior survey, between 35 and 50 percent of daily users reported decreases in energy, in interest in school and other activities, problems in peer relationships, and decreases in achievement motivation. And so, I think we can now say with empiric data to support it that, on the basis of very large-scale data sets, users themselves acknowledge that this exists.

Mr. RAILSBACK. Where you have someone who is able to give up marihuana, how long before they regain their motivation?

Dr. POLLIN. I don't know if we have anything like a definitive answer for this.

Mr. RAILSBACK. I guess what I'm asking is are there any permanent effects?

Dr. POLLIN. This is a key question and it's one of our top priority research questions. There are a number of animal studies which indicate that after a certain level of chronic heavy use there are irreversible effects in terms of learning ability and in terms of motivation.

Mr. RAILSBACK. Is that by reason of brain damage or what?

Dr. POLLIN. I assume that there must be some kind of change, either structurally or biochemically, but what the nature of that change is, as yet we don't have hard data.

Mr. RAILSBACK. Wouldn't it be very, very important for us to know that?

Dr. POLLIN. Yes, it is, Mr. Railsback, and again, that's a very high priority target in our continuing revised research plan. The other side of that coin, though, which I think is equally important to communicate, is the very widespread reports from many parents and parent groups of dramatically positive change in the behavior of their teenage children when they discontinue the pattern of chronic use. These reports leave one to feel that this is, for the most part, and certainly in substantial numbers of cases, if not in all cases, a reversible pattern, given early and vigorous efforts to counter it.

Mr. RAILSBACK. Thank you.

Dr. TURNER. Congressman Railsback, could I respond and support what Dr. Pollin has said?

Mr. RAILSBACK. Yes.

Dr. TURNER. Let me read a part here that I think really puts it in perspective:

> Regardless of what the animal data shows, the proof in the pudding is what happens to the kids. The use of drugs by American youngsters between 12 and 17 creates at least 104,000 drug-related visits to medical facilities each year. Of these 104,000 young people, 60,000 require treatment for problems related to marihuana or marihuana in combination with other drugs.

This data was first reported in 1979 and I think it tells us very emphatically that regardless of what the animal data shows, these are young people that are actually coming in for treatment.

Mr. RAILSBACK. Yes, but I think—that's true, but I think it's very important for us to be able to say with a degree of authenticity based upon empirical evidence that we know now that chronic

marihuana use can have permanent damaging effects. I think it's very important that we continue what Dr. Pollin indicates that NIDA is trying to do. I would hope that there could be some kind of testing, even though I understand what you said about your use of young people by feeding them chronic doses of marihuana I do think that if that is true, then I think that it would be very important for the American public and all of our young people.

Mr. ZEFERETTI. I think that's been one of our problems in attempting to increase public awareness of the harmfulness of marihuana. We never have been able to say, "This is what happens." And I think the uncertainty in the medical field itself as to exactly what happens really lends itself to defeating whatever effort we put forward, whether it's a public program that we're instituting to educate people or not, we still have not put that all together, and that would be quite helpful.

Mr. Akaka, do you have any questions?

Mr. AKAKA. Mr. Chairman, thank you very much. This has been on my mind and I guess I'll ask it now in line with the questions that we were just asked.

As a drug policy adviser to the President, can you tell me what may be the administration's policy on the legal use of marihuana in our country?

Dr. TURNER. Congressman, I think the statement I just read regarding the number of young people that have received treatment illustrates my point of view. When you talk about legality and illegality of a particular drug, it is important to remember that for our young people, in most States, alcohol is illegal, tobacco is illegal, and marihuana is illegal. Our position is very clear. We do not think the drug should be a legal commodity. The President has stated very clearly, his opposition to decriminalization; I support that. I think our position is very clear in that area.

Mr. AKAKA. In all communities, I'm sure there are those who are always pressing for legalizing marihuana, and it's true that unless we get information that we can disseminate to show clearly that marihuana is detrimental to human development, then we might have difficulty with this in years to come.

I just wanted to know what stand the administration may be looking at in the future.

Thank you very much.

Mr. RAILSBACK. Thank you.

Mr. ZEFERETTI. Thank you.

Mr. Shaw?

Mr. SHAW. Thank you, Mr. Chairman.

Dr. Mayer, pursuant to the Percy amendment, the previous Secretary of HHS indicated some possibility that paraquat could be harmful to the health of the user of marihuana that has been treated with such. This really flies in the face of just about every study that I have seen, and certainly the study that was made by this committee in the last Congress. These studies conclude that if it is harmful, it would take vast quantities. Thus, it's really not practical to consider it as being harmful to the users.

If you accept that fact, then I think you also have to accept the fact that the present administration, through the Secretary of HHS, could undo this by simply finding that this is not the case.

Therefore, spraying paraquat would not violate the Percy amendment. Even though we're trying as hard as we can in both Houses of this Congress to try to repeal the Percy amendment, I think that perhaps the HHS could take a step forward and beat us to the punch by simply making the determination—that the use of this herbicide in foreign fields is not harmful to the health of marihuana users.

Has consideration been given to this?

Dr. MAYER. If it has, Congressman Shaw, I haven't been included in such deliberations.

Dr. POLLIN. To my knowledge, Mr. Shaw, the Department has been actively reviewing the matter and has decided that it is strongly in favor of the principle of repeal of the Percy amendment. It is at the moment continuing to evaluate some of the details about the alternative repeal motions with regard to trying to find what would be the optimum level of continued monitoring, if any, of health consequences.

And I think at the moment it is simply a question of what tactically would be the most effective way to see to it that eradication could once again begin. The Department has up to now been hoping that this would be resolved in the legislative process.

Mr. SHAW. Well, we certainly hope so, too. However, I would suggest, and perhaps you could bring this message to the Secretary that he can move a lot faster than both Houses of this Congress can move. I think it also shows that time is somewhat of the essence because of the Colombian crop that is now being harvested, and from all indications we get, this is going to be a bumper year, is going to produce supplies of marihuana which are really unparalleled in that part of the world.

I think we know that we have an administration in Colombia that has indicated a willingness to cooperate. They are approaching election times, and I certainly cannot speculate on what might happen there. However, I doubt if we would have an administration that is any more cooperative than the one that has indicated a willingness to work with us.

Dr. Turner, do you have any figures available, or do any of the panelists have any figures available that would show us the total amount of funds or an estimate of the total amount of funds that are expended for drug law enforcement?

Dr. TURNER. Congressman Shaw, I don't have those figures, but if I can find those figures, I will make them available for the record.

[The information requested follows:]

During the past fiscal year $540 million was expended on drug law enforcement.

Mr. SHAW. I wish you would because echoing the exchange that we had earlier, by Dr. Mayer's own testimony, the national cost of drug abuse is approaching or in excess of $100 billion a year. I think this shores up the plea that we have as to the investment in law enforcement.

Also, in talking about various budgets, and while we're talking about budgetary items, there's been a great deal of discussion back and forth with the Department of Defense, and DEA, and other

law enforcement agencies as to the future of posse comitatus with regard to the dollars that are involved.

I have heard it said now on more than one occasion that the Department of Defense expects to be repaid for the use of the military equipment. Well, quite obviously, if the military gets involved in any particular degree, the rental of a destroyer or the rental of a sophisticated aircraft would certainly be beyond the budgetary means of DEA or any other law enforcement agency.

I would suggest that supplementing the Coast Guard with the naval resources—and I'm talking about naval personnel and naval ships, which is presently legal, with just a slight change of the regulation, would not require additional budgetary expenditures.

I think that we are faced here with an opportunity to have our military fighting a real war instead of just fighting imaginary in practice.

There's been a tremendous amount of reluctance in the Department of Defense, almost to the extent of absolute defiance. Sometimes I get the idea of wondering who's in charge. When we do start talking about who is in control with regard to the drug situation, as questions from this committee have been directed, I think there can only be one person in control, and that's the President. I think we need a loud, clear voice from the President, which is going to contain directives and is going to contain the details of the plan that we've heard given in very, very broad terms today.

I personally wrote down 3 months, and I plan to get back to you. If the program is not in place and we don't know exactly the direction that we're going, I'm going to ask the chairman to have another session to see how far along you have come and to learn why we've fallen short.

Dr. Turner, I heard you say that you hate to give time deadlines and the obvious reason is because there's always some pain in the neck like me that's going to write it down and remember it. But we are almost 1 year into this administration and the administration has had some tremendous problems with the economy, and those problems just don't seem to go away. But I would suggest to this administration that one of the best things that it can do for the economy is quit talking about it and start talking about some of the real problems that are affecting the lives and future of young Americans. And we have to have a direct program. We've got to get started with it and it's got to be one that's going to have no objective other than one of winning—and it can be won.

Mr. ZEFERETTI. Thank you, Mr. Shaw. If I can echo the sentiments of my colleague, we are going to be working on a budget come March, and I would hope that by that time we would have some input from you as to the areas of concern we have discussed today and as to how we can provide the priority that's necessary.

Dr. Mayer, I would hope very, very strongly that you would oversee the whole block-grant mechanism whether those programs are going to be effective and whether NIDA, because of the cuts, is going to be able to meet the needs that are so important. Overseeing the block grants and their impact on NIDA is so essential in evaluating whether we're wrong or right in going in that direction.

Again—to both gentlemen—we're here to assist you in anyway that's possible, to meet with you at anytime to work toward a coop-

erative effort that can have an impact on this whole problem. As Mr. Railsback expressed a little while ago, we would welcome the opportunity to sit down with members of the administration that have general policymaking responsibility to try to formulate the kind of strategy that we feel could be meaningful, covering all of those aspects—treatment, prevention, intervention, and law enforcement. Without giving priority to each one of those areas, we lessen our impact on the overall problem.

I thank you for taking the time to be with us today and look forward to our future cooperation and communication. Thank you so very much.

Dr. TURNER. Thank you, Mr. Chairman.

Dr. MAYER. Thank you. It's been a real pleasure.

[Whereupon, at 11:26 a.m., Thursday, Nov. 19, 1981, the hearing was adjourned, subject to the call of the Chair.]

PREPARED STATEMENT OF DR. CARLTON E. TURNER, SENIOR DRUG POLICY ADVISER, OFFICE OF POLICY DEVELOPMENT, THE WHITE HOUSE

Mr. Chairman and distinguished members of the committee, it is a pleasure to appear before you today. The assistance and guidance that this committee has provided in the past is appreciated and I look forward to continuing that relationship.

I will confine my remarks to a brief discussion of the scope of drug problems, the goals and objectives of this Administration and five major elements of our comprehensive approach.

Mr. Chairman, drug abuse does not concern just one drug. Nor, does it create problems for just one group of people. Drug abuse involves a variety of drugs, afflicts people from all walks of life and knows no geographic nor political boundaries. The problems created by drug abuse affect the vitality of our nation, our communities, our families and most of all, the users themselves—especially young people.

The number and amount of abuseable drugs available today and the preventiveness of drug abuse among broad segments of society is staggering. We have approximately 23 million youngsters between the ages of 12 and 17 in this country. In this age group, at least 37% are currently using drugs and alcohol.

Conservative estimates based on the 1979 National Survey on Drug Abuse and on census data indicate that 8.6 million young people consume alcohol monthly, 4 million use marijuana monthly, and 2.8 million consume tobacco on a monthly basis. Estimates for other current drug use by youth are: Cocaine 330,000: Other Stimulants—270,000; Inhalants—480,000; Hallucinogens—500,000; Sedatives—260,000 and Tranquilizers—140,000. The number of youngsters in the 12 to 17 age group who use heroin are few.

While a drug abuser is likely to use several drugs rather than just one and therefore be included in more than one category, the total numbers should cause grave concern.

The use of drugs by all American youngsters between 12 and 17 creates at least 104,000 acute, drug-related visits to medical facilities each year. Of these 104,000 young people, 60,000 require treatment for problems related to marijuana or marijuana in combination with other drugs. Less than 1,000 youngsters under 18 seek treatment for heroin use each year.

According to the latest report from the Surgeon General on Health Promotion and Disease Prevention, young people between the ages of 15 and 24 now have a higher death rate than 20 years ago. While health for all age groups is considerably better than 75 years ago, there is one startling difference: adolescents and young adults, between 15 and 24, have not kept pace with the overall increase in national health.

The Surgeon General lists alcohol and drug abuse among the more common health-related problems for this age agroup.

The report based on the National Survey on Drug Abuse also indicates that among young adults between the ages of 18 and 25, over one-third or 11.2 million are current marijuana users. Almost 3 million currently use cocaine. The numbers of young adults who use heroin are so small that they are considered statistically insignificant by the report.

For persons 26 and older, 7.4 million currently use marijuana, and 1 million use cocaine. The numbers of adults who use heroin are too small to be reported.

Mr. Chairman, I am not trying to downplay the problems of opiate use. Current estimates suggest that there are approximately 400,000 opiate addicts in America. What I am trying to do is to put drug problems in perspective and share with you the overall scope of the problem.

Even through we continue to be deeply disturbed by the problems of opiate use, I believe that we must be equally concerned about the abuse of other drugs. The numbers of people affected dictates that we broaden our efforts. Our drug problems will never be solved by continuing to concentrate our efforts on any one drug or class of drugs.

For the past decade, much of our effort has been focused on the opiate problem. However, we are now seeing the effects of the widespread abuse of other drugs. These drugs, once considered "soft" and less dangerous, are now creating acute and chronic problems for the well-being of our people.

Today's problems now involve many drugs. In order to understand the problems, we must use all available data. The data systems that have been used to tell us what our drug problems are were developed in the mid-70's. I believe that we should face the known methodological problems associated with the gathering and analysis of data and review the system now in use.

Although we are concerned about various problems with the national data systems, we must continue to use this data. They are all that we have at the moment. For example, while we appreciate the value of the survey of high school seniors, often these data do not present the total picture.

Twenty-five percent of students across the nation do not graduate from high school. School drop-outs are probably the highest drug-using group. Therefore, the high school seniors survey only reports drug use information about the survivors—those young people who have stayed in school.

Mr. Chairman, drug abuse is a problem that affects all citizens, from all socioeconomic groups and in all age categories. Through the work of this committee and other Congressional committees; as a result of the work of previous Administrations and because of the increased concern of our citizens, the problems of drug abuse is sizable, but is not as bad as it could be.

I should note that even though approximately 37 percent of our nation's youth currently use drugs and alcohol, 63 percent do not. We have recognized the rights of a nonsmoker to eat or enjoy air travel in a smoke-free atmosphere. Likewise, the non-drug using population has a right to be protected from any consequences of drug use caused by the users.

A 1981 Washington Post-ABC Poll showed striking difference between the public's and school principals' perceptions of school problems and drug use. Three hundred and three school principals were asked about major school problems. Twelve percent said that drug use in school was a major problem and 13 percent said that alcohol use in school was a major problem. However, 1501 adults (referred to in the findings as "the public") perceived the problem in another way. Sixty-six percent of "the public" said that they thought that drug use in school was a major problem and alcohol use in school was cited as a major problem by 49 percent of these people.

Mr. Chairman, I have talked with many young people across this country and I can tell you that they have many misconceptions about drugs. Part of this is our fault. Young people have been led to believe that there are "soft" drugs, "hard" drugs, and "dangerous" drugs. The notion is that "soft" drugs do little or no harm; that they do not cause dependence of any kind. Therefore, they can be used with inpunity. On the other hand, young people have heard that "hard" drugs and "dangerous" drugs are extremely harmful and will cause physical and psychological dependence.

These beliefs have created a situation in which young people associate "soft" drugs with "soft" drinks. There is no basis for such an association. Our young people deserve a clearer message from us.

Perhaps this is the reason Dr. Mel J. Riddle expressed alarm at a hearing of the Senate Sub-Committee on Alcoholism and Drug Abuse on October 21 of this year. Testifying as a representative of the National Association of Secondary School Principals, Dr. Riddle said, "Teachers, counselors and administrators must recognize and prevent drug use by students or face the propects of a progressive deterioration of student behavior. The school staff must deal effectively with the most negative student behavior or accept the fact that that behavior may become a standard by which all other behavior is compared."

Just as we are finding that school behavior problems are associated with drug use, crime has been associated with opiate use. Although the data do not permit us to directly link numbers of crimes to numbers of opiate addicts, we know that opiate

users engage in more criminal activity than any other population of criminal offenders.

This is indeed something to be concerned about. But, I would also like to draw your attention to the fact that crimes are committed by people who use all types of drugs and most of these people were involved in crime before their drug use began. In addition, we must be concerned with crimes that are committed by drug traffickers who are not drug users.

Mr. Chairman, I am certainly not here to propose a quick fix. Just as serious diseases sometimes develop slowly and fester over many years, the drug problem in America has not happened overnight. It has been growing in spite of the efforts of recent Administrations and the yeoman efforts of many Congressional committees.

I believe that one reason for the growth is that we have tended to view the drug problem too narrowly. What we need is a broader and more balanced perspective so that our prevention and control efforts can take full advantage of the vast federal, state, local and voluntary resources that can be brought to bear.

This administration intends to mobilize four major components of society to capitalize on the existing mechanisms and resources that Americans have traditionally used to solve national problems. These are the federal government, state and local governments, the business community and the force of volunteerism.

Our objectives for these four areas are:

To integrate and make use of all federal resources in the effort to prevent and control drug abuse.

To provide national goals and information to assist state and local governments in making informed decisions about mobilizing their resources to address drug abuse prevention and control at the local level.

To encourage the use of the resources of the business community to convey the drug prevention and control message and to encourage business to make their efforts consistent with our goals and with the voluntary efforts of our citizens.

To capitalize on the tremendous potential of voluntary citizen efforts to prevent and control drug abuse.

By broadening the availability of existing federal resources which previously have not been focused on drug problems, we will be able to capitalize on existing resources and will integrate drug issues into the functions of many federal agencies.

To assist states and local governments in making informed decisions about how they can best address drug problems in their localities, the federal government will provide data and national goals. In this way, control should remain at the local level—the best place to address local problems.

The business community must make drug problems part of their concern. We will encourage the establishment of employment and rehabilitation programs that are useful both to business and to the victims of drug abuse. By using the financial resources of business to educate Americans about drug problems, we can reduce the demand for drugs and thereby improve productivity. We expect drug manufacturerers, colleges and universities and the general health care establishment to play a major role in prevention activities.

By capitalizing on the tremendous potential of voluntary citizen efforts, of individuals and organized groups, including the religious community, we will tap the most important natural resource of this country—the citizens themselves.

We will rely heavily on the force of volunteerism for a significant part of our prevention program. I believe that many citizens, especially parents of school-aged children stand ready to undertake such an effort. This administration will support their efforts by publicly taking an unequivocal and united stand against drug use.

The President indicated, on March 6, that it was his belief "that the answer to the drug problem comes through winning over the users to the point that we take the customers away from the drugs." The President emphasized that while we must not let up on enforcement, ". . . it is far more effective if you take the customers away than if you try to take the drugs away from those who want to be customers."

By mobilizing existing resources of the federal government, state and local governments, the business community and the voluntary efforts of citizens, we will help to:

Reduce the spread of drug abuse by diminishing the demand for and reducing the supply of drugs; reduce the drain on productivity caused by drugs and drug trafficking; improve the mental and physical health of our communities.

Support the role of the family as the primary socializing mechanism of society; and bolster the moral character of the individual, the community and the nation.

Our drug effort will encompass five major areas: Research; detoxification and treatment; prevention and education; international cooperation; and drug law enforcement.

RESEARCH

I am here today as the Senior Drug Policy Adviser for the Administration. I am also calling upon my 15 years in the research field, with over 10 of those years as the director of large, multidisciplinary research programs. I know very well the great value in research. But, I am also aware of many of the problems.

We intend to reexamine how research data is used, what we decide to research and how those decisions are made. We consider it extremely important that basic research findings be transferred in a timely and understandable way for use by health care professionals and the public. I strongly support the smooth transition of information from research for use in the field of education.

One of the highest priorities of drug research should be the development of antagonists. These are substances that will nullify, render unpleasant or otherwise change the expected action of a drug. They could be used to reduce the time a person spends in treatment and could lessen the drain of resources required for long-term maintenance treatment.

We will encourage the pharmaceutical manufacturing community, colleges and universities and professional health care organizations, when appropriate, to undertake more drug research. In this connection, one pharmaceutical firm has already filed a New Drug Application (NDA) with the Food and Drug Administration to market a narcotic antagonist for the purpose of treating addicts.

We will encourage longitudinal and epidemiological research to accurately gauge drug problems.

Research, wisely undertaken and carefully planned, will buttress all of our efforts to prevent, treat and control drug problems.

DETOXIFICATION AND TREATMENT

Although the direct involvement of the federal government in funding and managing treatment facilities has diminished, that does not mean, however, that treatment services are of a lesser concern to us. The block grant program for alcohol, drug abuse and mental health will allow States to decide what types of treatment modalities they will support, and will enable States to design appropriate treatment responses to the drug problems of their local communities.

I commend the work of the drug treatment communities. I believe that they have achieved sufficient stature to allow them to effectively deal with States and other funding sources for continuing support.

This administration considers the appropriate federal role in the support of treatment for drug abusers to be to provide information and guidance to enable the responsible State agencies to make fully informed decisions about the uses of their block grant funds.

For example, we do not believe that it is in the best interest of the patient or the community to substitute one drug for another over an extended period of time. Therefore, we will encourage States to continue detoxification and treatment programs that will reduce the length of time a person spends in treatment and will work toward the detoxification of patients from all drugs.

In keeping with our efforts to involve all sectors of society, we will encourage the integration of drug abuse services into the general health care system, especially the mental health system.

We will urge the business community to work with State agencies and private facilities to undertake employment and rehabilitation programs that will enhance and complement all treatment efforts.

PREVENTION AND EDUCATION

Probably the greatest opportunity to reduce the demand for drugs and solve many of our drug problems, lies in a comprehensive, long-term national drug abuse prevention campaign. Combined with a strong enforcement policy, a campaign that unequivocally states the clear and present dangers of drug abuse and alcoholism must be directed to our young people. It will also be of tremendous support to parents and school officials in making a united effort to prevent the spread of drugs and reduce the magnitude of the drug problem.

It is necessary that such a campaign be considered long-term. An occasional shot for three or four weeks on television and radio is just not enough.

The basis of this long-term effort is the mobilization of organized and individual voluntary citizen efforts. People will carry the message to their children, brothers, sisters, neighbors and public officials.

We will call upon the National Parent/Teacher Association (PTA) and other similar organizations to place a high priority on drug abuse prevention in the schools.

We expect the support and active involvement of the business community and labor.

Naturally, we will expect participation from all federal and state agencies with responsibility for drug issues.

A strong and comprehensive prevention and education campaign will encourage the expansion of the parent group concept and will support the family as the primary socializing mechanism of society.

Our long-term approach in prevention and education will not only be a positive message for individual families and communities, but will also be reflected in schools, the workplace and our military.

INTERNATIONAL COOPERATION

On September 28, President Reagan spoke about crime control before the International Association of Chiefs of Police. The President said, "One of the single most important steps that can lead to a significant reduction in crime is an effective attack on drug traffic." He added that he would establish "a foreign policy that vigorously seeks to interdict and eradicate illicit drugs, wherever cultivated, processed or transported. This includes the responsible use of herbicides."

Thus, our international drug policy will be the development and implementation of a long-range effort to eliminate drugs at their source and to interdict drugs in transit.

If we are to be successful, the Percy Amendment must be repealed. We must be able to allow foreign assistance money to be used in eradication programs. I should note that Representative Evans, other members of this committee and other members of the House have been strong supporters of this proposal.

We will also continue our support to producing and transiting countries in the form of technical training, advice and equipment.

We support the proposal in section 126 of the Foreign Assistance Act to include drug considerations in the Agency for International Development's (AID) development programs. It is also of utmost importance that drug issues are integrated into international agreements where appropriate.

We must reach greater understanding between ourselves and drug producing nations. There are frequent misconceptions in the international community about our commitment to control drug traffic. Why should they make a strong effort to eradicate drugs produced in their countries if we do not make the same effort here to control domestic production of illegal drugs?

We must control the spread of domestic cultivation and production of drugs.

Our international drug policy must include active participation at the highest levels of international drug control organizations such as the U.N. We strongly support this country's major involvement in the program planning activities of agencies such as the United Nations' Fund for Drug Abuse Control (UNFDAC). We also support worldwide drug control strategy objectives for all nations as put forth by the U.N.

DRUG LAW ENFORCEMENT

I have saved this subject for the last part of my testimony, Mr. Chairman, because I believe that with appropriate changes and improved coordination and cooperation, we can substantially reduce the availability of drugs. I also consider enforcement initiatives to be an integral part of a comprehensive prevention program.

This administration has several enforcement initiatives. Some were set forth in President Reagan's September 28 speech on crime control. Some have been presented to the Senate Judiciary Subcommittee on October 23 by the Attorney General. Others are in the legislative process.

We are on record as favoring the use of appropriate military resources to assist in the interdiction of drug trafficking. We support the exception to "Posse Comitatus" now in the final stages of Congressional approval. This exception will permit the sharing of intelligence and use of military equipment to stop the flow of illegal drugs into our country. An exception to "Posse Comitatus" will, as the President has stated, "improve detection and interception of illegal drug imports."

I should note that Representatives Bennett, Evans and Shaw, members of this committee and other members of the House have been strong supporters of this proposal.

We also believe that states could make greater use of the National Guard organizations to assist in drug enforcement efforts. Operation Green Harvest is an exam-

ple of National Guard cooperation with law enforcement agencies in domestic eradication efforts. We will seek ways to tap this resource.

In addition, our efforts to stop drugs from coming into this country must include all federal agencies with border jurisdiction.

We will suggest revisions in drug regulatory mechanisms to simplify registration.

We will seek to improve the quality of drug intelligence by increasing the priorities and improving the quality of analysis. We see this effort as one of improved international cooperation as well as better organization of our domestic intelligence operations.

We believe that the integration of all law enforcement resources into the enforcement of drug laws is our most effective, economical and efficient approach. We will pursue the development of a domestic policy that will more effectively coordinate efforts among federal agencies as well as between these agencies and those at the state and local level. For example, progress has already been made by improving cooperation between the FBI and the DEA and between the State Drug Enforcement Alliance and these agencies.

Mr. Chairman, in a time of limited government funds, we are aware that we must include agencies that have not been considered major drug enforcement resources. For example, the U.S. Marshal Service is currently apprehending fugitives. In fiscal 1980, the U.S. Marshal Service apprehended 18,750 fugitive felons. Of these, approximately 47 percent had been involved in drug trafficking. As recently as Friday, November 13, the Marshal Service apprehended 76 fugitives in the Miami area. Forty (40) of them were drug fugitives.

Additionally, the U.S. Marshal service spends slightly more than $500 per arrest, compared to other federal agencies averaging as much as $14,000 per fugitive.

The last portion of my testimony, Mr. Chairman, describes how the President's program to control crime applies to domestic drug enforcement.

We can make more efficient use of limited court resources by increasing the use of concurrent jurisdiction in investigations and prosecutions. This will provide greater flexibility in the indictment and sentencing of violators of our drug laws.

We intend to expand the use of financial and currency investigations as a primary enforcement tool. To this end, we support tax law reform to strengthen the ability of agencies responsible for financial matters to participate in the drug enforcement effort. Tax law reform will allow us to use information from the Internal Revenue Service to develop drug cases.

For enforcement to be effective against drug trafficking, we must be able to deprive drug conspirators of their economic base. We support legislation to broaden and expedite criminal forfeiture of money and property obtained in smuggling and trafficking activities. I should note that Representative Zeferetti has been a major supporter of this concept.

This Administration's legislative reform proposals place a high priority on a new bail law. These proposals are designed to protect the community by keeping people who are a danger to society in custody and detaining those who are likely to flee after being arrested on major charges.

Many traffickers consider bail costs to be part of their overhead expenses and tend to continue to traffic in drugs while they are out on bail. We cannot afford to allow this to continue. We must be able to interrupt this illegal business and keep drug traffickers behind bars until trial.

Another legislative proposal of importance calls for changes in the exclusionary rule. The President has said this rule "rests on the absurd proposition that a law enforcement error, no matter how technical, can be used to justify throwing an entire case out of court, no matter how guilty the defendent or how heinous the crime".

The Administration's proposal calls for modifying the rule so that evidence cannot be excluded from a criminal proceeding if it has been obtained by an officer acting in the reasonable, good faith belief that it was in conformity with the Fourth Amendment.

The Attorney General has already directed federal prosecutors to make certain that recommendations for adequate prison sentences are firmly and clearly made to the court. We also support an increase in the penalties for drug traffickers and inclusion of mandatory minimum sentences for all drug traffickers regardless of the drug.

Mr. Chairman, these initiatives are by no means comprehensive. They represent initial steps by this Administration to effectively limit the supply of and demand for drugs in the United States. I welcome your advice and suggestions.

In conclusion, we must make every effort to prevent the spread of drug abuse among our people—especially among young people for they are the future of our

country. As a very great American has said, "A child is a person who is going to carry on what you have started. He is going to sit where you are sitting and when you are gone, attend to those things you think are important. You may adopt all of the policies you please, but how they are carried out depends on him. He will assume control of your cities, states and nations. He is going to move in and take over your churches, schools, universities and corporations . . . the fate of humanity is in his hands." The author of that comment was Abraham Lincoln. What he said is as true today as it was then; perhaps with more urgency.

I know that you will agree with me, Mr. Chairman, that we must make the fight against drug abuse of the highest priority in order to preserve the vitality of our people and ensure our nation's future.

I would like to leave you with a remark made by William Faulkner when he accepted the Nobel Prize for Literature. At that time, there was widespread concern about the survival of mankind. Faulkner said, "I decline to accept the end of man . . . I believe that man will not merely endure: He will prevail!"

Just as Faulkner would not give up on mankind, I refuse to give up on the possibility that we will have a society free of drug abuse. I believe that with proper guidance from people such as yourself, young people and all Americans will prevail in reducing drug use.

Thank you for giving me the opportunity to appear before you.

PREPARED STATEMENT OF WILLIAM MAYER, M.D., ADMINISTRATOR, ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION, PUBLIC HEALTH SERVICE, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. Chairman and members of the Committee, I am pleased to be here today and welcome the opportunity to discuss the role of the Department of Health and Human Services (HHS) in combating the problems of drug abuse facing this country. The Select Committee on Narcotics Abuse and Control has performed an important function in alerting the Nation to the problem of drug abuse, to the need for an integrated approach to the prevention and treatment of this serious problem, and to the importance of coordinating Federal activities. We appreciate your important contributions in these areas.

The Administration recognizes drug abuse as one of the Nation's ongoing major health and social problems. For this reason there exists in the White House a special focal point for drug abuse matters, headed by Dr. Carlton Turner, whom we have just heard from, and with whom we have almost daily contact. As you know, no other categorical health or social problem is so represented at this level.

The Department of Health and Human Services also places a high priority on drug abuse. This can be seen in a number of ways. As many of you are aware, sometime ago a question was asked of the Department regarding the feasibility of transferring alcohol, drug abuse, and mental health functions to the National Institutes of Health (NIH). At this time, the Secretary has decided, that because of the magnitude and importance of these health problems and because of the broad functions of the three Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Institutes, it is preferable to maintain ADAMHA as presently constituted, rather than transfer our focus onto NIH with its almost exclusive emphasis on research.

Another indication of the Department's concern about drug abuse activities is the Assistant Secretary of Health's request of the National Institute on Drug Abuse (NIDA) to develop an interdepartmental task force to coordinate the multiple departmental drug abuse activities. The general policy principles which shape this Administration's and Department's approach to drug abuse and which will guide the workings of this departmental task force, have been succinctly defined and summarized for us this morning by Dr. Turner, there is no need for me to repeat them at this point.

Drug abuse differs from most other problems this Department deals with in several significant respects. One is the rapidity of changes in drug use patterns in the last 2 decades; for example, there has been approximately a 30-fold increase in the use of marijuana by our young people. Second, an illicit, profit-making network exists worldwide and in this country which is actively spreading and increasing the drug abuse problem. The Federal strategy which has developed to deal with drug abuse, therefore, has two major components: supply reduction and demand reduction.

"Supply Reduction" refers to those activities focused on reducing or eliminating the availability of illegal drugs. "Demand Reduction" refers to efforts to decrease

demand for these drugs by individuals and groups. This Department focuses primarily on the latter component: demand reduction.

One of the major responsibilities of this Department is the health of our country's citizens. As I said earlier, we therefore place a high priority on drug problems, problems which have been shown to cause a high level of damage to the physical, behavioral, and economical health of our Nation. We are especially concerned by the rapidity of the increase in drug use by our young people over the past 2 decades; we are concerned because, despite 3 years of a consecutive downward trend of drug use by high school seniors, our youngsters' drug use is still thought to be the highest of any Western country in the world; we are concerned because our most recent estimates of the annual national cost of drug abuse are very high—by some estimates, close to or above $100 billion.

I want to emphasize that the Department's view of drug abuse as a high priority issue is consistent with this Administration's block grant mechanism and our budget proposals. The ending of fiscal year 1981 marks the beginning of a new Federal effort, the Alcohol, Drug Abuse, and Mental Health Services (ADM) Block Grant Program. This program replaced NIDA's Community Treatment Programs, i.e., the Statewide Services Grant Program and the Formula Grant Program, which were authorized under Sections 410 and 409 of Public Law 92-255, as amended.

The drug component of the ADM block grant program represents the culmination of an evolutionary process. Since 1973, NIDA has participated with the States in the development of a nationwide drug abuse treatment network. As Federal funds for community-based treatment services increasingly were channeled through the States, they assumed management responsibilities, and the Federal role became one of technical support, oversight, and program evaluation. In 1980, over 99 percent of NIDA's community assistance funds were given directly to the States and subcontracted by them to local treatment and prevention programs. Thus, States now will have official responsibility for many functions which they already are carrying out. However, in addition they now have increased flexibility to target funds to specific areas; are able to move money back and forth among various block grants and, starting in fiscal year 1983, between the alcohol, drug abuse, and mental health components of the ADM block grant; and are freed from multiple Federal requirements. Thus, each State is much better able to determine its own relative needs, and respond accordingly.

Through the block grant mechanism, the Department of Health and Human Services will continue to make a major contribution to the financing of treatment and prevention activities; however, it should be noted that the Department has not been the prime contributor to the financing of our national drug abuse treatment rehabilitation and prevention system. For example, during fiscal year 1980, $487 million was spent for drug abuse treatment services nationally. NIDA's contribution to this amount was $142 million or 29 percent. The State's share was $119 million. The remaining amount comes from other Federal funding, the private sector, third-party reimbursements, and local contributions. The Federal Government will continue to make a major contribution to the financing of treatment and prevention activities through the block grant program, through Medicaid and Title XX programs in some States, and through continued operation of direct services in the military establishment and the Veterans Administration.

Amounts alloted to a State for its ADM block grant will be determined by a ratio based on the categorical alcohol and drug abuse funds provided in fiscal year 1980 and the categorical mental health funds which would have been provided in fiscal year 1981 if the Secretary had obligated all the funds available under the Continuing Resolution. In fiscal year 1982, amounts provided in each State for mental health and alcohol and drug services must be directly proportioned to the ratios in the base year.

Of the fiscal year 1982 funds allocated for alcohol and drug abuse services within the block grant, at least 35 percent must be used for alcohol activities and at least 35 percent for drug abuse activities. The remaining 30 percent is to be used at the discretion of the States for alcohol abuse and/or drug abuse services. Further, at least 20 percent of the funds available for alcohol and drug abuse services is to be used for prevention or early intervention programs.

As part of the application for the ADM block grant, each State must furnish ADAMHA with a description of the intended use of the grant payments. Beginning in fiscal year 1983, no funds will be alloted to a State unless its legislature has held public hearings on the proposed use of funds. The State must make its application, including the intended use of funds, available for public comment. Fifty-one States and Territories have requested the immediate initiation of the block grant, which is an indication to us that this program is seen as desirable by them.

As States consolidate the responsibility for managing the delivery of drug abuse treatment and prevention services, the Federal role will be to provide national and international leadership in areas that cannot reasonably or feasibly be assumed by the individual States. The National Institute on Drug Abuse plays a key role in fulfilling the broad goals of the Federal Government's drug abuse demand reduction strategy. Its aim is to bring about a reduction in the use and abuse of drugs, and in their health and social costs. Priority areas for NIDA during the next few years are described below.

NATIONAL EPIDEMIOLOGIC DATA COLLECTION AND ANALYSIS

In order to play a national role in the area of drug abuse, the Department must be able to understand and answer questions concerning: the extent of drug use; the characteristics of drug users; the consequences of drug use and abuse; population groups at highest risk of drug abuse, changing patterns and trends in drugs being abused; geographic distributions of drug problem; and resources available to prevent and treat drug abuse. Without such information, the Federal Government will not be in a position to evaluate containment efforts, will be hampered in responding to problems before they require emergency intervention, and will be less able to properly allocate resources in light of shrinking governmental budgets. States also will be limited in their ability to determine the extent to which drug problems in other parts of the Nation could spread into their States.

The need for a well conceived and managed intelligence effort is particularly critical in the drug abuse area. This is necessary in part due to the essentially uncontrollable and illegal manner in which most abused drugs are produced and/or marketed and the apparent willingness on the part of segments of our population to experiment with and misuse almost any drug. Once discovered, a new "fad" in drug abuse may be confined to a small area; all too often, however, these fads spread from one region of the country to another. Historically, we have learned that drug use thought to be contained at an endemic level may suddenly experience a resurgence.

Many of the same factors that contribute to the difficulties involved in combating drug abuse also hinder assessment of the problem. Nevertheless, reasonably accurate assessments of changing patterns and emerging trends can be made by analyzing data collected from a variety of sources.

Among the sources of data utilized by the Department, four are national in scope. These are: the Client Oriented Data Acquisition Process (CODAP), the Drug Abuse Warning Network (DAWN), the National Survey on Drug Abuse, and the High School Senior Survey. All of these sources are vital to the Department's intelligence efforts; each contributes valuable information to the overall drug abuse picture. Three of our four data systems will continue with full funding and one, CODAP, will continue on a voluntary system at the State level.

This network of surveys and reporting systems provides the framework of information used by HHS for the epidemiologic assessment of the drug abuse problem. Other sources of data are also employed. For example, price and purity data obtained from the Drug Enforcement Administration are used as an indicator of heroin availability. This, coupled with emergency room death and treatment data, is the basis for confirming trend changes which allow national, State, and local intervention.

The Department also proposes to use other major surveys, such as the Health and Nutrition Examination Survey (HANES) and the Health Interview Survey (HIS), to avoid duplication of effort. Towards this end, plans are already under way for NIDA's participation in the upcoming Hispanic Health and Nutrition Examination Survey.

RESEARCH

The National Institute on Drug Abuse will retain the primary Federal responsibility for drug abuse research. The Institute's long-term goals are to gain new knowledge of the basic mechanisms underlying drug abuse and to develop new behavioral and pharmacological methodologies for the prevention, diagnosis, and treatment of drug abuse. The development of basic knowledge is fundamental to applied work on techniques for treatment and prevention, since it provides an understanding of the mechanisms of drug action, their effects, and the sites of their action. Within this broad, yet balanced, research program, NIDA intends to devote considerable resources to the following priorities over the next five years:

To continue the study of brain receptor mechanisms such as those identified for naturally occurring opiate-like peptides. Such studies increase our understanding of

the neural mechanisms underlying mood states such as euphoria, drug-seeking behavior, and the development of tolerance and dependence.

To continue to investigate the basic biological and behavioral processes affected by marijuana. Studies will focus on irreversible psychological effects of heavy use and the hormonal and reproductive consequences of marijuana use in adolescents. An emphasis will be placed on conducting longitudinal studies in order to determine the long-term health effects of heavy use by young people.

To study the efficacy and cost effectiveness of different drug abuse treatment approaches. Among those, the following are of particular interest:

Studying methods for using schools for identifying and providing effective services to aid drug abusing youth. The approaches examined would permit the early identification of youthful drug abusers and encourage their involvement in school rehabilitative strategies before becoming heavily involved in drug use.

Studying how existing community mental health center programs can be used to provide effective treatment to drug abuse clients, with special emphasis on chronic marijuana users and persons who have become dependent on sedative-hypnotic agents.

Investigating family therapy approaches to drug abuse treatment. The programs proposed for investigation make use of comparatively short time frames and are comparatively inexpensive.

Continuing investigation of the strategies in use around the country for conducting outreach and for providing the most efficacious and cost effective treatment services for adolescent drug users.

To continue to examine the biological and behavioral factors which may predispose individuals to drug abuse. Underlying this approach is the hypothesis that various forms of compulsive self-destructive behavior share common social, behavioral, and biological mechanisms. An understanding of these mechanisms will enable us to design more effective treatment and prevention programs.

Research also will look at the role of parents and peers in the initiation, maintenance, and cessation of drug abuse.

KNOWLEDGE DISSEMINATION

The Department, through NIDA, is planning to implement a long-term public information program designed to influence attitudes toward drug abuse. It will attempt to deglamorize drug abuse and reinforce nondrug-taking behavior. As part of the National Drug Abuse Information Program, several national organizations and agencies will be involved in expanding the Institute's information disseminating efforts. These organizations/agencies will serve as intermediaries between NIDA and regional and local organizations.

In addition, NIDA will continue its efforts to ensure that research findings are disseminated to those working in the areas of application. Findings derived from grants and contacts will be disseminated directly to practitioners, program administrators, and the scientific community through a variety of mechanisms.

ASSISTANCE TO STATES AND LOCALITIES

When requested, NIDA will continue to provide technical assistance to States, communities, private organizations, and other Federal agencies, within the limits of available resources. Such assistance will focus on clinical and administrative approaches, prevention and public information strategies, research issues, and data analysis/collection procedures.

NIDA intends to conduct four regional workshops to train States and programs in the latest techniques for increasing third-party and other alternate funding revenues. These workshops should help programs to assume even greater responsibility for meeting the costs of treatment services and thereby maintain continuity of care. In addition, this training should provide programs with a means of seeking assistance from the private sector.

PRIVATE INVOLVEMENT

ADAMHA maintains an ongoing work group which has the following goals and objectives for stimulating further private involvement in the alcohol, drug abuse, and mental health areas:

To help improve perception of ADM health problems among the public and private sector.

To enhance collaboration and information exchange among the ADAMHA Institutes with regard to activities involving private industry, voluntary organizations, and other parts of the private sector.

To encourage various groups throughout the country—civic organizations, private philanthropy, etc.—to adopt projects to improve public understanding and acceptance within their structures and resources—especially to foster volunteerism.

To inform and educate the public and private sector concerning ADAMHA's role an research progress in these fields; and

To enhance research information dissemination to better assure understanding and consideration of ADM health problems as illnesses needing prevention, treatment, rehabilitation, and research initiatives.

NIDA will continue to have a leadership role in knowledge development and technology transfer in drug abuse prevention, education, treatment, rehabilitation, and research efforts. The Institute is developing a strategy to enhance technology transfer efforts and to increase coordination with the private sector, e.g., business and industry, professional organizations and associations, private programs, and private philanthropy.

Along with ADAMHA, the eight other departmental agencies most involved in carrying out the Department's responsibilities in drug abuse treatment, rehabilitation, and prevention are: the Centers for Disease Control, the Food and Drug Administration, the Health Resources Administration, the Health Care Financing Administration, the Health Services Administration, the Office of Human Development Services, the Social Security Administration, and the National Institutes of Health. Examples of some of their activities include:

Food and Drug Administration (FDA) is responsible for all drug regulations in the United States. Specifically, FDA administers the Federal Food, Drug, and Cosmetic Act and certain provisions of the Controlled Substances Act and the Psychotropic Substances Act of 1978. In collaboration with NIDA, FDA also develops information and policy on international scheduling of drugs. In this context, it responds to requests for drug abuse information from the World Health Organization and evaluates the effects of international control activities on domestic control measures.

The FDA also reviews and monitors methadone treatment programs to ensure compliance with standards of medical care for the treatment of narcotic addiction.

The role of the Health Resources Administration is to identify health care resource problems and maintain or strengthen the distribution, supply, utilization, quality, and cost effectiveness of these resources to improve the national health care system.

The National Institutes of Health support basic and applied research on the effects of drugs in certain disease processes and health conditions. For example, during 1981 the National Institute of Neurological and Communicative Disorders, and Stroke supported research into the synthesis and action of anticonvulsants, analgesics, and anesthetics. The National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases collaborated with NIDA and the National Institute of Mental Health to investigate certain pharmacokinetic aspects of analgesics. The National Cancer Institute tested the antiemetic properties of tetrahydrocannabinol (THC) and marijuana.

The Health Services Administration treats or refers designated beneficiaries with drug abuse problems, including the medically underserved, American Indians and Alaskan Natives, and Federal beneficiaries such as American seamen, Federal employees, and prisoners.

The Health Care Financing Administration provides operational direction and policy guidance for nationwide administration of the Medicare and Medicaid programs which together finance basic health benefits for elderly, disabled, and low income beneficiaries, including those who are drug abusers. For example, in 1981 it began and eight-site demonstration which will test the effect of extending Medicare and Medicaid coverage to alcoholism treatment in free standing treatment centers and use economical service arrangements to provide a uniform benefit package. The results of this demonstration may have implications for drug abuse coverage.

Through the Administration on Aging, the Office of Human Development Services funds research training and special projects concerning misuse of drugs by the elderly and encourages the aging service network to support and conduct drug misuse prevention programs for the elderly.

The Social Security Administration administers the Supplemental Security Income (SSI) program for disabled drug abusers among other eligibles. It reviews applications from disabled drug abusers to determine eligibility for cash assistance under SSI and assures that all drug-abusing SSI recipients receive ongoing treatment and rehabilitation as required for continuing eligibility.

Our intradepartmental task force that I referred to earlier will assist us in coordinating these and other departmental drug abuse activities.

In summary, Mr. Chairman and members of the Committee, despite the apparent recent downward trend in drug use by our high school seniors, drug abuse continues to be a major national problem. The Department views this area as a high priority and will maintain a high level of commitment to combating drug abuse. Certain functions will remain at the national level, and others will continue to be delegated to States and local government through the block grant program.

It is true that there will be some reduction of Federal financing resources targeted to this area because of overriding national concerns. I believe that the Administration's program succeeds in balancing these larger national priorities with the multiple health needs of our society, including those of drug abuse.

Thank you. I would be glad to answer any questions you may have at this time.

APPENDIX

Appendix A

Letter From Chairman Zeferetti to Dr. Carlton Turner Requesting Clarification of Issues Raised at the Hearing With Additional Questions

U.S. House of Representatives,
Select Committee on Narcotics Abuse and Control,
Washington, D.C., November 24, 1981.

Carlton E. Turner, Ph. D.,
Senior Drug Policy Adviser,
Office of Policy Development,
The White House, Washington, D.C.

Dear Dr. Turner: On behalf of the Select Committee, I want to thank you and Mr. Leonard for appearing before our Committee on November 19 to testify and answer questions on Federal drug strategy. As was evident from the statements made and questions posed by a number of Committee members, we are deeply concerned about the level of priority this Administration accords to the serious problems of drug abuse and drug trafficking. We look forward to the opportunity to continue our discussions on issues of mutual concern in the months ahead.

Because we were not able to cover all the areas of interest to us in the time available, I am enclosing some additional questions. We would appreciate your responses in writing to these questions for inclusion in the record of our hearing.

Thank you for your cooperation.

Sincerely,

Leo C. Zeferetti, *Chairman.*

Enclosure.

APPENDIX B

LETTER OF RESPONSE TO CHAIRMAN ZEFERETTI FROM DR. CARLTON TURNER

THE WHITE HOUSE,
Washington, D.C., January 5, 1982.

Hon. LEO ZEFERETTI,
House of Representatives,
Washington, D.C.

DEAR MR. ZEFERETTI: Enclosed are my responses to the questions that you sent to my office. Perhaps we should get together and discuss drug issues in the near future.

Sincerely,

CARLTON E. TURNER, Ph. D.,
Senior Policy Adviser for Drug Policy.

RESPONSES TO QUESTIONS

Question 1. The Drug Abuse Prevention, Treatment and Rehabilitation Act requires the President to designate a single drug representative to direct the development and coordinate the implementation of Federal drug abuse policies and programs. Have you been officially designated as the President's drug representative?

Answer. The Act calls for the President to establish a system for "developing recommendations with respect to policies for, objectives of, and establishment of priorities for, Federal drug abuse functions" and to coordinate the performance of such functions by Federal departments and agencies. The same Act calls for the President to designate a single officer or employee to direct the activities required by the Act.

We are in the process of establishing such a system. I was appointed to the position of Senior Policy Adviser for drug abuse matters in the Office of Policy Development which is the equivalent of the Domestic Policy Staff during the previous Administration.

Question 2. How will the responsibilities and duties of the Senior Adviser to the President for Drug Policy be coordinated with the cabinet-level Task Force on Drug Law Enforcement established by the President?

Answer. We are in the process of establishing a system for the development and implementation of drug abuse policy. I anticipate direct involvement in all Cabinet level activities pertaining to drug abuse policies, including participation in the relevant committees and working groups.

Question 3. How many professional staff members do you have to assist you in your duties?

Answer. One full-time professional staff member is assigned to me. Other staff members in the Office of Policy Development assist as part of their other duties and responsibilities and I expect to make use of advice and assistance from the agencies involved.

Question 4. What steps are being taken to appoint a strategy council as required by law? If the Administration believes that a strategy council is an inappropriate vehicle for establishing drug strategy, what alternatives to the strategy council are you considering?

Answer. We are in the process of establishing a system for developing and implementing drug policy. As part of this process, the strategy council mechanism is being evaluated. I anticipate that the key elements of the system will be Cabinet member participation, involvement of the private sector and the continuation of a Federal Strategy as the primary policy document.

Question 5. We understand from published reports that you are preparing an Administration drug strategy. What is the status of this strategy? Since no strategy council has been established, what steps have you taken to obtain the views of non-Federal experts in the field? Please give us an overview of the strategy you are preparing.

Answer. My written statement presents an overview of the strategy elements. We are in the preliminary stages of preparing a 1982 drug strategy.

The strategy is in a preliminary stage and we are working with the involved federal agencies at this point. I anticipate that the Cabinet members, the heads of the Federal agencies involved, and the private sector will be involved in the preparation of the strategy. As the strategy is developed, I intend to seek the advice and assist-

ance of the interested members of Congress in both the drafting of the strategy and in its implementation.

Question 6. The budget cuts proposed by the Administration threaten to cripple the efforts of our drug prevention and control agencies For example, the New York Times reported on November 3 that the 12 percent cut proposed for DEA would require the dismissal of 211 agents, reduction in overseas intelligence activities, cutbacks in travel and buy money, reductions in compliance efforts and a two-week furlough without pay for DEA employees.

In view of the proposed cuts, what policies and programs is the Administration planning to maintain the effectiveness of Federal Drug efforts? How will the Administration monitor the impact of these cuts? Is the Administration prepared to seek additional funds if the effectiveness of drug agencies is impaired by these cuts?

Answer. The reported allegations are not accurate. During the budget process, the impact of budget changes has and will continue to receive close attention by my office. The heads of the agencies involved have discussed their budgets with me and will keep me informed of their status. We will work together to protect the effectiveness of the drug programs, consistent with the priorities established by this Administration.

We believe that there is considerable opportunity to improve the effectiveness of Federal drug efforts through efficiency, the use of existing resources and through legislation to assist the Federal efforts. For example, we believe that the exception of "Posse Comitatus" will help law enforcement agencies through sharing of information with little additional cost to the government. We will also seek greater involvement of other Federal agencies and of additional State and local agencies. Other organizations and capabilities in the private sector will be enlisted, particularly in the prevention area.

Question 7. What role does your office play in establishing Administration budget policies with respect to drug abuse issues?

Answer. We consult with OMB and with other agencies at appropriate points in the budget process. Additionally, I participate in the final review process as a member of the Office of Policy Development. I anticipate that the Federal Strategy, as the primary policy document, will play a significant role in establishing agency priorities and, subsequently, in the development of agency budgets. My office will be directly involved in the implementation of the strategy.

Question 8. The Administration has indicated that it will augment DEA's capabilities by giving the FBI new responsibilities for drug law enforcement. How can the FBI assume new responsibilities when its resources are being cut back?

Answer. The Administration is looking to all Federal agencies for ways to enhance the efforts to reduce drug abuse. There is general acceptance of the view that drug trafficking involves and is involved in various other criminal activities, such as organized crime, criminal conspiracy, gambling, gun violations, etc. In seeking effective drug law enforcement, we intend to capitalize on the overlap by directing the Federal effort to take advantage of the various statutes available to each agency in aggressively seeking ways to prosecute individuals and eliminate organizations involved in high level drug trafficking. The FBI has broader jurisdiction than the DEA and can use this jurisdiction in coordination with the DEA. This is consistent with the current responsibilities of both agencies and can be done within the current level of resources.

Question 9a. What Defense resources will the Administration make available to implemnt the Posse Comitatus revisions when they become law?

Answer. The referenced exception to Posse Comitatus became law on December 1, 1981. The primary advantage of the change should be an expansion in the sharing of information collected by the military during routine operational and training missions. The change will also allow the military to pay special attention to drug information requirements during missions in areas of interest to the drug law enforcement agencies. We expect the actual arrangements on loan of equipment or any other support to be a matter of negotiation and agreement between the departments and agencies involved.

Question b. Given the cuts requested by the Administration, how will Federal civilian law enforcement agencies be able to reimburse the Defense Department for the cost of support provided as would be required under the pending Posse Comitatus revisions?

Answer. As stated above, the actual arrangements between the DOD and the law enforcement agencies will be a matter of negotiation and agreement. It is anticipated that most of the military assistance will be in the form of information collected during routine operational and training activities and, therefore, non-reimbursable.

We will be working with the Federal law enforcement agencies as the necessary agreements and support arrangements are developed.

Question c. The Conference report on S. 815 (DOD Authorization Act 1982) states that the provisions authorizing military cooperation with civilian law enforcement officials are not intended to limit the authority of the Secretary of Defense to provide Navy and Marine Corps assistance under 21 U.S.C. 873(b). What plans does the Administration have to utilize Navy and Marine Corps resources to aid drug enforcement efforts under the authority of 21 U.S.C. 873(b)?

Answer. It is anticipated that the Department of the Navy will continue to provide information and assistance to the civilian drug enforcement agencies. The excellent relationship between the U.S. Navy and the U.S. Coast Guard is an important element in the fight against drug smugglers. Discussions are underway to develop additional ways where Navy support could increase the effectiveness of Coast Guard operations against maritime drug trafficking.

Question 10. What priorities does the Administration place on international narcotics control efforts within its overall plans for a comprehensive drug strategy?

Answer. As indicated in my testimony, stopping drugs as close to the source as possible is one of the major points of the Administration's drug control stragtegy and will have a high priority.

Question 11. Do you feel the current allocation of approximately $37 million to the Department of State for international narcotics control is adequate to carry out a global narcotics control program?

Answer. We are monitoring the State Department programs and are working with the Office of Management and Budget to insure that adequate resources are available to meet the program needs. The expansion of eradication efforts overseas calls for additional resources for this purpose and this need is being considered as part of the ongoing budget process.

Question 12. The Foreign Assistance Act recognizes the connection between illicit narcotics production and overall development problems, and encourages U.S. development efforts to give priority consideration to programs that will reduce illicit narcotics cultivation by stimulating broader development opportunities. What plans does the Administration have to significantly expand AID's involvement in international narcotics control programs?

Answer. We are looking into ways to expand AID's involvement in international narcotics control programs. This will be an element in the Federal Strategy.

Question 13. What steps are being taken to assure that cooperation on narcotics control efforts will be a priority consideration in the negotiation of bilateral assistance agreements with narcotics producing countries?

Answer. AID is working with the State Department (INM) to make certain that narcotics efforts are given priority consideration.

Question b. Was any consideration given to narcotics control in the AID agreement concluded with Pakistan this summer?

Answer. Yes. To the extent possible, AID programs will be supportive of narcotic control issues in Pakistan. Agreements have not been finalized.

Question 14. What steps are being taken to expand support for narcotics control efforts in multinational forums such as the United Nations and the various international development lending institutions?

Answer. We are asking for continued support for U.S. involvement in UNFDAC. Another initiative in this area is the briefing of lending institutions as to the possibility for including narcotics control provisions where possible in negotiations.

Question 15. Since narcotics traffickers frequently operate across international boundaries, what steps is the Administration taking to negotiate bilateral treaties or other agreements that will improve investigational and judicial cooperation, particularly in the area of drug-related financial transactions?

Answer. The State Department has recently concluded treaties with Colombia on extradition procedures and mutual assistance on legal matters. Also, an agreement was concluded with the United Kingdom setting guidelines on procedures which will govern the boarding of vessels bearing the United Kingdom flag by the U.S. Coast Guard.

Question 16. What plans does the Administration have to support a major marijuana eradication effort in Colombia once the Percy Amendment is repealed? Is the Colombian government prepared to cooperate?

Answer. The State Department has been working on a plan to encourage an eradication effort in Colombia in anticipation of the repeal of the Percy Amendment. I hopw that the details of the plan will be agreed and available prior to the publishing of the Federal Strategy.

Question 17. What are the Administration's plans for domestic marijuana eradication? Why is legislation needed for the Federal Government to engage in domestic marijuana eradication? Aren't current authorities sufficient?

Answer. The new Federal Strategy will address domestic marijuana eradication and will focus on efforts by State and local authorities to eliminate cultivation of marijuana within their jurisdictions. I am not aware of any need for additional legislation in this area.

Question 18. The Secretary of HHS is not a member of the new inter-agency Task Force on Drug Law Enforcement appointed by the President to coordinate U.S. narcotics control efforts here and abroad. Yet, recent studies clearly establish the link between street crime and heroin addiction and demonstrate the salutory effect of treatment in reducing drug-related crime. Further, health considerations are significant factors in undertaking herbicide eradication programs and in scheduling controlled drugs.

Accordingly, should not the HHS Secretary be a member of the Task Force? Is there any other mechanism in existence or planned to assure that demand control issues are taken into account in developing the Administration's overall drug strategy?

Answer. The Cabinet Council structure is the primary coordinative mechanism in this Administration and I anticipate that both the Attorney General and the Secretary of HHS will be members of the Cabinet Council charged with overall drug responsibility. However, this does not preclude other groups from addressing specific areas within their separate charter. These other groups may be within a cabinet department or associated with other Cabinet Councils. For instance, we are establishing an Health Issues Working Group under the Cabinet Council on Human Resources which will be concerned with prevention and education, detoxification, treatment and rehabilitation, and research. The Department of Justice will be represented on this working group.

Question 19. What plans are being developed to carry out the President's pledge to involve the private sector in a major, national anti-drug campaign?

Answer. As I outlined in my statement, private sector involvement is key to the drug abuse prevention campaign being planned. We are in the process of developing the plan and we intend to have it completed in time for it to be included in the Federal Strategy. We hope to build a major private sector effort which will involve parents groups, community groups, national organizations (such as the PTA), and the business sector in the overall prevention program.

Also, we are working with ACTION and other Federal agencies in sponsoring a White House Conference in February of 1982. This conference with broad representation from the private sector will be the beginning of our comprehensive prevention and educational campaign.

APPENDIX C

LETTER FROM CHAIRMAN ZEFERETTI TO DR. WILLIAM MAYER REQUESTING CLARIFICATION OF ISSUES RAISED AT THE HEARING WITH ADDITIONAL QUESTIONS

U.S. HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,
Washington, D.C., November 24, 1981.

WILLIAM MAYER, M.D.,
Administrator, Alcohol, Drug Abuse, and Mental Health Administration, Rockville, Md.

DEAR DR. MAYER: On behalf of the Select Committee, I want to thank you and Dr. Pollin for appearing before our Committee on November 19 to testify and answer questions on Federal drug strategy. As was evident from the statements made and questions posed by a number of Committee members, we are deeply concerned about the level of priority this Administration accords to the serious problems of drug abuse and drug trafficking. We look forward to the opportunity to continue our discussions on issues of mutual concern in the months ahead.

Because we were not able to cover all the areas of interests to us in the time available, I am enclosing some additional questions. We would appreciate your responses in writing to these questions for inclusion in the record of our hearing.

Thank you for your cooperation.

Sincerely,

LEO C. ZEFERETTI, *Chairman.*

Enclosure.

APPENDIX D

LETTER OF RESPONSE TO CHAIRMAN ZEFERETTI FROM DR. WILLIAM MAYER

DEPARTMENT OF HEALTH AND HUMAN SERVICES,
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION,
Rockville, Md., February 17, 1982.

Hon. LEO C. ZEFERETTI,
Chairman, Select Committee on Narcotics Abuse and Control, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: Thank you for your letter of November 24. I very much appreciate having an opportunity to testify at the Select Committee's hearing on the Federal drug strategy and to respond to questions arising out of those hearings.

I hope this information proves helpful to the Select Committee. If you have any further questions, please let me know.

Sincerely yours,

WILLIAM MAYER, M.D., *Administrator.*

Enclosure.

Question 1. How will the Federal Government maintain a strong leadership role in reducing the demand for drugs now that its major responsibilities for providing services have been delegated to the States? What role will NIDA play in this effort?

Answer. While the States have, under the new Block Grant Program, assumed major responsibility for providing drug abuse treatment and prevention services, the Federal Government will continue to play an important role in reducing the demand for drugs. More specifically, the Department of Health and Human Services plans to (1) collect and analyze data on the nature and extent of drug abuse and monitor emerging trends in drug use; (2) sponsor and conduct basic and applied research into drugs and related brain and body phenomena, the etiology and epidemiology of drug abuse, and prevention and treatment/rehabilitation techniques and strategies; (3) disseminate research findings, data analysis, and technical information on drug abuse to the public, State and local agencies, and others involved in drug abuse prevention, treatment, and rehabilitation; (4) disseminate public information and sponsor programs of active discouragement of drug misuse and abuse; and (5) upon request, provide assistance to such agencies and individuals in carrying out drug abuse programs.

As States consolidate the responsibility for managing the delivery of drug abuse treatment and prevention services, the Federal role will be to provide national and international leadership in areas that cannot reasonably or feasibly be assumed by the individual States. The National Institute on Drug Abuse (NIDA) plays a key role in fulfilling the broad goals of the Federal Government's drug abuse demand reduction strategy. Its aim is to bring about a reduction in the use and abuse of drugs, and in their health and social costs.

Question 2. Since the Department did not request any funds for the demonstration program authorized for NIDA in the Reconciliation Act, how does the Department intend to continue support for the development and demonstration of new techniques for drug treatment, rehabilitation, prevention and education?

Answer. The Department is deeply committed to the conduct of studies which can advance the state of our knowledge and craft in the delivery of treatment/rehabilitation, prevention and training services. We have every intention of building further on the significant contributions NIDA has already made in the areas of treatment/rehabilitation and prevention. To these ends, we plan to obligate a portion of the research budget allotted to permit the support of those studies of treatment/rehabilitation and prevention initiatives which give promise of providing models of effective service delivery. By sharing with States and community programs the results of those studies and of the models found to be effective, we hope to provide significant assistance and support for the further improvement of service delivery systems.

Question 3. How will the new alcohol, drug abuse and mental health (ADM) services block grant be administered by HHS?

Answer. For fiscal year 1982, the Department has delegated the task of administering the ADM Block Grant program to the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). During the first quarter, 51 ADM services block grants were awarded for a total of $105,975,000. Applications have been received from three other States for a beginning date of January 1, 1982, and three States/

territories are expected to apply for the ADM services block grant effective July 1, 1982. ADAMHA has and will continue to review all applications before awarding block grants funds. ADAMHA will be responsible to see that all legislative requirements concerning the ADM Block Grant program are met.

Question 4. In view of the budget cuts, are there adequate resources in NIDA to provide the technical assistance necessary for a smooth transition to the block grant?

Answer. Yes, there are adequate resources to provide for a smooth transition to the Block Grant. As noted in the formal testimony, the States are well prepared to assume full responsibility for drug abuse treatment and prevention services. Since 1973, NIDA has participated with the States in the development of a nation-wide drug abuse treatment network. As Federal funds for community-based services were increasingly channeled through the States, the States assumed management responsibilities and the Federal role became one of technical support, oversight, and program evaluation.

Once the Federal/State drug abuse services network was in place, the NIDA began to focus its efforts on the provision of technical assistance and management support activities to the States. Several million dollars have been dedicated to this effort. We feel confident that State governments have achieved substantial managerial experience in managing statewide drug abuse treatment and prevention systems. In those few instances where a State may request assistance from NIDA, we are prepared to respond and anticipate no difficulties because of the financial resources.

Question 5. How will the proposed 12 percent cut in NIDA's 1982 budget affect NIDA's research, training, and information dissemination activities?

Answer. If the proposed 12 percent cut in the originally proposed President's budget for 1982 became NIDA's final budget, it would have the following effects:

(a) *Research.*—The Institute would reduce the continuation costs of some currently funded projects and the initially proposed amount for some competing renewal awards, in order to fund those projects which address the areas of highest priority in our research program, i.e., those dealing with the most prevalent and debilitative drug problems. By providing less for ongoing projects, we would then be able to fund many high priority new projects. Thus it would be possible to live within the new budget without compromising the overall quality of research being carried out.

(b) *Training.*—The proposed cut would not cause undue disruption in NIDA's training activities. The Institute is well into its scheduled fiscal year 1982 phaseout of providing direct support of clinical training activities. The phaseout anticipates increasing State responsibility for maintaining and modifying training activities to meet local needs. The Institute also hopes to combine and manage certain training activities within NIDA. To the extent that a cut would be applied to the research training program, it would cause some reduction in the funding of new research training grants. However, as this program is not a significant one in terms of dollars; i.e., fiscal year 1981 cost of approximately $1.1 million, the proposed reduction would not pose particularly difficult problems.

(c) *Information Dissemination.*—NIDA's information dissemination activities are carried out by several Divisions and Offices of the Institute. However, the bulk of the dissemination activities are managed through NIDA's Office of Communications and Public Affairs. As this program is funded from NIDA's program support line item, the 12 percent cut would be spread more broadly, as that line item encompasses a number of activities other than information dissemination. We do, however, expect the cut would mean a reduction in the development and distribution of materials currently made available to the public and special interest groups; i.e., researchers and community action groups.

Question 6. A recent report by the National Research Council's Committee on Substance Abuse and Habitual Behavior recommended that NIDA undertake long-term natural history studies of drug abusers and develop a more effective, scientifically sound system of replicating drug abuse treatment methods using rigorously controlled trials of innovative treatment techniques. Do you agree with these recommendations?

Answer. Since its inception, the NIDA has supported a variety of projects relevant to the natural history of drug abusers. In combination, this cadre of studies spans the full developmental life span of the addictive career. Such studies are extremely useful idiographically. Among the studies we have supported are: (1) two studies of the female addict career; (2) three studies of the inception and spread of PCP among a select group of minority users; (3) a study of the natural history of drug abuse among Chicago gangs; (4) a life span perspective of Baltimore addicts; (5) the onset, spread, and developmental aspects of drug abuse in a high risk area in Chicago; (6)

a series of five intensive natural history studies of carefully selected, representative users of each of the following drug classes: (a) opioid users, (b) cocaine users, (c) barbiturate users, (d) amphetamine users, and (e) psychedelic, viz., PCP users; and, (7) a major natural history study of typical drug abusers in San Antonio which has resulted in publication of a major book of great import.

NIDA has long been in the practice of evaluating novel treatment approaches through the use of controlled clinical trials. Currently, the Institute is using "rigorously controlled trials," i.e., random assignment of clients to an innovative treatment approach and to standard treatment, in each of the following areas: family therapy, psychotherapy, education programming, vocational training, outreach/early intervention, self-help groups for continuing care, adolescent drug abuse treatment, parenting training for drug abuse clients, etc. NIDA's Treatment Research and Assessment Branch has responsibility for the projects enumerated above and stands ready to discuss NIDA's considerable initiatives in the area of "innovative treatment techniques." (The National Research Council's Committee on Substance Abuse and Habitual Behavior did not make inquiry of the Treatment Research Assessment Branch.)

Question 7. What mechanisms exist or are being planned to assure that demand control issues are taken into account in developing the Administration's overall drug strategy?

Answer. The National Institute on Drug Abuse was notified on December 1st by the Senior Policy Adviser for Drug Policy at the White House that a Working Group on Drug Abuse Health Issues has been established under the Cabinet Council on Human Resources. This group will be concerned with the major demand control issues—prevention and education, detoxification, treatment and rehabilitation, and research. The establishment of other working groups to address drug law enforcement and international cooperation is being evaluated.

NIDA, along with those other Federal agencies whose missions relate to drug abuse control, has been asked by the White House to help develop a formal strategy that encompasses drug abuse prevention and control in the broadest sense. The White House has advised us that it plans, in the development of this strategy, to establish a system for preparation and review which will involve all of the agencies and departments with program responsibility in the drug area.

We feel confident that the establishment of this new group under the Cabinet Council and the continuing dialogue taking place in several existing inter-departmental committees on drug abuse (particularly the Oversight Working Group, which includes high ranking officials from the Drug Enforcement Administration, NIDA, the Coast Guard, State Department, and the Justice Department, as well as the Senior Policy Adviser for Drug Policy at the White House) will assure that demand control issues are carefully considered in the formulation of any comprehensive drug strategy formulated by this Administration.

Question 8. What steps is the Department taking to integrate drug abuse services into the general health care delivery system? For example, is HHS involved in encouraging expanded third-party coverage of drug abuse services? What are the major obstacles in such coverage and to greater integration of drug services within the health care delivery system generally?

Answer. While the drug abuse treatment system has operated outside the mainstream of health care financing, meaningful interaction between health insurance programs and drug abuse treatment has emerged in the past three years. Significant actions which have been taken to integrate drug abuse services into the general health care delivery and financing systems include:

Provision of third-party reimbursement training and technical assistance to State drug abuse agencies and treatment programs.

Initiation in 1978 of a multi-year demonstration project with the Blue Cross Association to determine the feasibility, marketability, and design of a drug abuse treatment benefit. This project is now in its final phase, as three local Blue Cross Plans have been successfully marketing the benefit to their local group accounts. It is anticipated that when the project concludes in December 1982, the Blue Cross Association will work toward national implementation of the benefit. This would afford such coverage to 25 million Blue Cross subscribers who are enrolled in national accounts.

A number of obstacles to third-party coverage of drug abuse treatment services have been identified. Historically, insurors have not defined drug abuse as illness, but rather have considered it a self-inflicted injury which is therefore non-compensable. Insurors have also questioned the usefulness of treatment and the possibility of recovery and have been unaccustomed to settings and professions outside the traditional hospital/medical milieu. Further, the increasing costs of health care are op-

erating to restrain efforts toward expansion of benefits as well as to eliminate any underutilized benefits.

The continuing NIDA/Blue Cross Project is designed to directly and empirically challenge many of these beliefs by demonstrating that substance abuse is a definable illness for which appropriate health insurance benefits can be designed. It is also attempting to demonstrate that provider status can be extended to community-based treatment programs as an alternative to in-hospital care and that nominal premiums can be established and utilization controlled.

Another formidable barrier to increased availability of third-party coverage of drug abuse services is limited client eligibility. The typical drug abuse client is an able-bodied, unemployed, unmarried, nondependent male between the ages of 18 and 30; this is the least likely of any groups in our society to have third-party coverage under either Medicaid (Title XIX) or private health insurance. Indeed, during 1980 sixty-two (62) percent of all clients in NIDA funded treatment programs had no health insurance.